REPORT RESUMES

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TRAINING FOR INDEPENDENT LIVING, A COMMUNITY PROGRAM FOR SEVERELY RETARDED ADULTS. A THREE YEAR REPORT.

BY- TOBIAS, JACK

ASSOCIATION FOR THE HELP OF RETARDED CHILDREN

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DESCRIPTORS- *EXCEPTIONAL CHILD RESEARCH, *COMMUNITY PROGRAMS, *MENTALLY HANDICAPPED, *VOCATIONAL REHABILITATION, TRAINABLE MENTALLY HANDICAPPED, DAY CARE PROGRAMS, CUSTODIAL MENTALLY HANDICAPPED, DEMONSTRATION PROGRAMS, EDUCABLE MENTALLY HANDICAPPED, ADULTS, OCCUPATIONAL THERAPY, PROGRAM EVALUATION, PROGRAM PLANNING, SELF CARE SKILLS, TRAVEL TRAINING,

AN OCCUPATIONAL DAY CENTER FOR MENTALLY RETARDED ADULTS WAS ESTABLISHED TO PROVIDE COMMUNITY SERVICES FOR RETARDED PERSONS WHO LIVE AT HOME AND, ALTHOUGH BEYOND SCHOOL AGE, ARE UNABLE TO PARTICIPATE IN SHELTERED WORKSHOP ACTIVITIES. THE STAFF INCLUDES A DIRECTOR, A SOCIAL WORKER, FIVE INSTRUCTORS, A TRAINING SUPERVISOR, AN OFFICE WORKER, AND A PSYCHOLOGIST (PART-TIME). OVER A THREE YEAR PERIOD, 83 CLIENTS WERE ACCEPTED INTO THE PROGRAM WITH ABOUT 55 TO 60 BEING ENROLLED AT ONE TIME. AVERAGE AGE AT ADMISSION WAS 21 YEARS (FEW CLIENTS WERE OVER AGE 30), AND IQ'S RANGED FROM 15 TO 65 WITH A MEAN IQ OF 36. ABOUT 80 PERCENT HAD ATTENDED PUBLIC SCHOOL SPECIAL CLASSES. SPECIFIC TRAINING INCLUDED TRAVEL TRAINING, GROOMING AND SELF CARE, ORIENTATION TO THE COMMUNITY, DOMESTIC SKILLS, AND REMUNERATIVE WORK. SIMPLE ACADEMIC INSTRUCTION INCLUDED READING SIGNS, TELLING TIME, AND USING MONEY. STATISTICAL TESTS WITH DATA FROM THE CLIENTS PRODUCED THESE FINDINGS--THERE IS A SIGNIFICANT RELATIONSHIP (.01 LEVEL USING T TEST) BETWEEN INTELLIGENCE AND THE ABILITY TO BENEFIT FROM TRAVEL INSTRUCTION. THERE IS A SIGNIFICANT RELATIONSHIP (.001 AND .05 LEVELS FOR VARIOUS IQ GROUPS USING T TESTS) BETWEEN INTELLIGENCE TEST SCORE AND THE NUMBER OF WORK UNITS PRODUCED PER HOUR. MONGOLOID CLIENTS WERE SIGNIFICANTLY LESS PRODUCTIVE (.05 LEVEL USING T TEST) IN A CONTINUED WORK ACTIVITY THAN THEIR INTELLECTUAL PEERS IN OTHER ETIOLOGIC GROUPS. THE SAN FRANCISCO SOCIAL COMPETENCY SCORES OF CLIENTS ARE PRESENTED. SAMPLE EVALUATIONS OF TRAINEES AND SAMPLE CASE STUDIES ARE INCLUDED. DESCRIPTIONS OF THE DAILY PROGRAM AND RELATIONSHIPS WITH PARENTS, PROFESSIONAL GROUPS, AND THE PUBLIC ARE GIVEN. (JZ)

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Training For Independent Living

A Community Program For Severely Retarded Adults

Prepared by

JACK TOBIAS

Chief Psychologist

Partially Supported by
THE NATIONAL INSTITUTE of MENTAL HEALTH
No. OM-294

ASSOCIATION FOR THE HELP OF RETARDED CHILDREN
New York City Chapter

EC000468

ASSOCIATION FOR THE HELP OF RETARDED CHILDREN

200 Park Avenue South / New York 3, N. Y. / ALgonquin 4-8203 New York City Chapter

SEYMOUR RUBIN, *President*
WILLIAM A. FRAENKEL, Ph.D., *Executive Director*

March 4, 1963

Dr. Robert H. Felix, Director
National Institute of Mental Health
Bethesda 14, Maryland

Dear Dr. Felix:

It is with extreme pleasure that we transmit to you our final report on the Occupation Day Center For Mentally Retarded Adults. We have learned a great deal from this project and believe we have made a modest contribution to the field of mental retardation through the grant.

As you read the report you of course cannot capture the excitement and spirit among the Staff, Trainees, and Volunteers. It is there. It is reflected in a twenty year old severely retarded male saying, "I can tie my shoelaces all by myself". It is caught up in a statement of a parent saying, "I am so glad...my older daughter does not have to go to an Institution now; she can even make her own bed". You hear it in another parent who says, "We gave up all hope on Tom. Now he is working! Full time! It's like a miracle happened!"

When this project first started, the goals that were set were to develop certain self care skills; to improve socialization; to increase overall independence to whatever degree possible. Interestingly enough and to our utter amazement we found that we had underplayed potentials.

We discovered two higher levels of achievement were possible- sheltered employment and remunerative employment in the community. On the other hand we also documented the need for two steps in the other direction, leading toward our conviction that the profoundly retarded can be served in a community facility of this type.

We offer to the retarded and their families and to the professionals who engage in such challenging work, new information and a new program, which we believe has some import to all services for the adult retardate.

Sincerely,

William Fraenkel

William A. Fraenkel

WAF:md

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TRAINING FOR INDEPENDENT LIVING

A three year report of
"Occupation Day Center for Mentally Retarded Adults"

March 1963

Prepared by

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Occupation Day Center
222 East Fifth Street
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William A. Fraenkel, Ph. D.
Executive Director

This project was supported in part, by a demonstration grant, No. OM-294, from the National Institute of Mental Health, Department of Health, Education and Welfare, Washington, D. C.

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TRAINING IN TRAVELING

After successful completion of his travel training course a trainee is slowly being taught to deliver messages.

FOREWORD

It is impossible to list all the individuals and agencies to whom this project is indebted. Many are, and will remain, anonymous. This includes the group of determined parents who recognized their children's needs and refused to accept as inevitable that "Nothing is available." Their quiet insistence on implementing the Association's slogan, "Retarded Children Can Be Helped," provided the impetus for an investigation of the feasibility of a center for severely retarded adults.

Particular appreciation is due to the 83 trainees who came to learn but, in the process, also provided much needed understanding and instruction to the staff. The trainees' responses to staff's efforts acted as the greatest motivation to keep trying and provided the day by day stimulation necessary to attempt continued improvements.

The major costs of the project have been borne by the National Institute of Mental Health, without whose help the program could not have taken its present form. Special thanks are due to the staff of N. I. M. H. for their recognition of the need for this demonstration and for their interest and cooperation through the years.

The great generosity of the Daughters of Israel in making available to the Occupation Day Center the building that has housed the program since its inception has eased the burden of finding and paying for needed space in which to operate. The assurance of their continued support and their agreement to extend more rooms for program purposes provides some assurance of continuation of activities.

A large measure of the success of the program is due to Mr. Arnold Cortazzo who acted as Director during the grant period and who has since transferred his activities to the National Association for Retarded Children.

The Ladies Charity Guild, the Giving Hands and the Caroline League are among the philanthropic groups whose periodic contributions provided the amenities that enriched some features of program. Their continued interest was always welcome.

The time and energies of Mrs. Muriel Geismar, Chairlady of the Committee of the Occupation Day Center were always available. Her readiness to assume responsibility for many chores lightened the load of staff and brightened the days of many trainees.

Most especial thanks are due to Mrs. Deborah Teitler, secretary at the Occupation Day Center, who typed the original manuscript and the finished copy with patience and good humor in the midst of buzzing switchboards and the barrage of visits from trainees.

Jack Gorelick, Director
Occupation Day Center

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INTRODUCTION

Since its formation in 1949 the Association for the Help of Retarded Children has been engaged in sponsoring, organizing and promoting community services for retarded children and adults who reside with their families. As an organization of parents, relatives and friends of retardates, the Association is particularly sensitive to the special needs of this disabled group and is most acutely aware of deficiencies in existing services. Because it is a private agency the Association has had the advantage of being able to pioneer in new areas without having to await legislative sanction.

The value of retaining retarded people in the community is an increasingly acceptable concept to both lay and professional groups. Some of the lags in community provisions for the younger retarded child have, among other things, been overcome with the expansion of school facilities, diagnostic and clinical services, and improved parent education. Increasing numbers of parents of retarded children are no longer compelled to resort to the State School as the only alternative available to them. Many parents have always found it emotionally impossible to accept placement away from the home.

The improvement in services to the child defers rather than solves the parent's problem. By the nature of the disability, retarded persons require greater or lesser care and supervision throughout their life. At the age when most schools drop their responsibility, parents are again faced with the pressure of trying to meet the needs of the retarded member of the family. For many, this becomes a major mental health problem and whole family groups are adversely affected by the presence of a retarded young adult who is receiving no professional help or training and is becoming an increasing burden.

The sheltered workshop, as a community resource for the vocational rehabilitation of retarded adults, is able to meet some of this need. It has become obvious, however, that there are sizeable numbers of retardates for whom the workshops are not the most suitable facility and for whom a different kind of program is needed. The Occupation Day Center was organized to develop such a program and to demonstrate its utility for a group of retarded adults who were considered unfeasible for vocational training either in competitive industry or in a sheltered workshop. With the support of the National Institute of Mental Health under grant #OM 294, this facility has been in operation since September 1, 1959 and offers this report on its first three years of activity.

This report will cover three major phases of the Occupation Day Center's activities.

1. An explanation of its objectives and a detailed description of the people who needed its services.
2. A description of the program that evolved from these objectives, the reasons for including specific training goals, and the effectiveness of the program in improving skills and behavior. It provides an answer to those who ask, "What do they do all day?"
3. The impact of the program on parents, professional groups and the public.

Chapter I

OBJECTIVES OF THE PROGRAM

The general philosophy underlying all programs sponsored by the Association for the Help of Retarded Children may be summarized under the following headings:

1. Provide activities satisfying to the retarded.
2. Train and equip the retarded for better adaptation to a community environment by developing maximum use of their potential.
3. Help the retarded become more independent members of a family group.
4. Relieve the pressures and consequent tensions created by the unmet needs of the retarded family member.
5. Develop improved understanding by the parent so that the retarded person may achieve a greater degree of independence.

The orientation towards community living in no way diminishes the benefits that accrue to those retardates who may eventually be placed in state institutions or residential schools. Even under optimal community conditions an undetermined percentage of retarded persons will be unable to remain in their homes. It is felt that the retarded person who has had the benefit of a training and activity program will be a better citizen in the institution as well as in the community. The development of skills in independent living and the ability to work and live with others can be an asset to the economy of the institution and can result in greater emotional security for the individual. The programs developed for the severely retarded adult in the community can lead to a more gratifying and meaningful life in the institution, should placement become necessary.

These broad goals are generally applicable to all age groups and all levels of retardation. They must be translated into more specific items of program for the different categories of retarded people who need some form of assistance. The Occupation Day Center limited its objectives to a group of mentally retarded young adults who were considered unfeasible for vocational training in sheltered workshops.

The continued spread of sheltered workshops as a necessary form of post-school vocational training indicates the need for community facilities for retarded adults. Although the workshops are adapted to local conditions and therefore vary in size, quality of staff and in the nature of their training programs, most of them share two closely related objectives: 1. To train for competitive employment those retarded adults who are amenable to such training; 2. To provide long-term or permanent employment in a sheltered work environment for retarded adults whose potential skills are not currently acceptable in competitive trades or who, for other reasons, cannot be hired.

Without adequate precedents on which to base such decisions, criteria for admission to the workshops were at first kept purposely flexible and were frequently determined on an ad hoc basis. The availability of space and staff or the influence of the referring agency were frequently stronger determinants of admission than objective measures, past history, or impressions based on intake interviews. The dearth of alternate community facilities was often the critical reason for accepting a client.

As these new facilities matured with experience and critically reexamined their objectives and program, new needs became apparent. It had been relatively simple to establish an upper limit of acceptability based on legal definitions of retardation but the determination of lower limits was far more complex. A review of the adjustment of some long-term trainees attending existing workshop programs suggested the need for a distinctively different setting. It seemed questionable whether a "work-oriented facility with controlled working environment and individualized vocational goals, which utilizes work experience and related services for assisting the handicapped person to progress toward normal living and a productive vocational status"[1] was the optimal training device for retarded adults with the following observable deficiencies.

1. Some trainees are unable to participate meaningfully in the social life of the workshop and in those parts of program that are not directly related to work. They either resist attending group meetings because they cannot cope with the level of the discussion or else attend with no awareness of the issues that are considered.

Unstructured social relationships may consist largely of physical contacts or proximity, are restricted to the sparsest verbalizations, or take on the nature of "parallel" conversations where each participant in the conversation talks of matters that concern him without regard for what the other is saying.

2. Some trainees perceive the staff as teachers or parents and tend to be childlike in relations with adults. They do not quite understand why they are being required to do specific operations and seem to work mainly in order to please the supervisor. Beyond this personal relationship they appear to see no reason for working. Their individual production records and pay slips are symbols of what "good" children they are and they eagerly thrust them out for the observation of visitors and staff.

3. Intellectual limitations narrow the scope of possible job operations. Some workshop trainees are unable to manage a large proportion of available contracts and are restricted to certain kinds of work only. They may be forced into idleness because they cannot achieve the requisite skill that most others master with relative ease.

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[1] Nat'l. Institute on Workshop Standards, Experimental Evaluative Instrument Based on Standards for Sheltered Workshops Recommended by National Institute on Workshop Standards. Washington, D.C.: The Institute, 1960.

4. The workshop is a facility for earning money and should be used for this purpose. Trainees who consistently fall below a critical minimum, either because of disinterest in pay or lack of ability, are not making appropriate use of the facility.

5. Retarded adults with I. Q.'s below 40 are generally unable to participate adequately in a work-oriented environment.

6. The inability to cope with some basic skills of independent living makes a workshop program questionably valid for some retarded adults. For example, it is felt that those retarded adults who cannot be trusted to travel alone after long periods of instruction are probably insufficiently mature for full participation in a work program.

The identification of those retarded adults who are unsuitable for existing workshop programs cannot be specified by objective measurements alone, although these are generally suggestive. Some less tangible criteria, along the dimensions exemplified, are necessary. The ultimate requirement may be to select for special training those persons whose need for the skills of daily living in the community is greater than their need for vocational training. Otherwise necessary facets of education may be ignored in favor of the development of job skills.

The Occupation Day Center was intended to close the lag in services for the group of retardates over age 17 who are unable to achieve marginal levels in a work-oriented program. The Occupation Day Center not only intended to help the severely retarded adult achieve greater social competence but felt it could reduce the feeling of crisis for families whose children had been occupied in school and were now left with no organized activity.

A summary of the specific goals proposed to the National Institute of Mental Health when the Occupation Day Center was initiated follows:

1. To help the retarded remain in the community by providing them with a socially acceptable way to spend their days.
2. To train the retarded adolescent and young adult in the skills of daily living, such as independence in traveling, homemaking, grooming, etc., in order to establish maximum self-sufficiency.
3. To ascertain the extent of growth possible as a result of such training and its significance in the ability of the individual to function more successfully in the community or in an institution.
4. To devise training methods, techniques and procedures that could be used by other communities and institutions.
5. To work with public, private and state schools to develop curricula for the younger retardate of this intellectual level, and also to share with them the information and knowledge that would be gained.
6. To reduce the anxiety level of parents, and to help them develop more positive attitudes towards their problem.
7. To explore the functions of various professional disciplines in such a program.

8. To try to determine which community agency should assume responsibility for administering programs of this type.

This report describes the procedures that were developed to achieve these goals and the partial results that may be observed at the end of a three year trial period.

DOMESTIC CHORES ARE NEVER DONE

In the Occupation Day Center, as in the home, maintenance and sanitation is a constant need. The use of varied cleansing materials and equipment is practiced as part of the training in Usefulness in the Home.

Chapter II

ADMISSION AND EVALUATION PROCEDURES

In New York City the demand for new services has always been carefully established before the Association for the Help of Retarded Children opened new projects. More than one hundred applications from likely candidates were on file at the central office and at the Sheltered Workshop before the Occupation Day Center was organized. Members whose children appeared to be suitable had been invited to submit applications for this new facility. Referrals from the Board of Education's Bureau for Children with Retarded Mental Development, the Association's Pilot School Classes, hospitals and clinics, and neighborhood settlement houses were also encouraged

The admission criteria applied in selecting trainees for the Occupation Day Center program were the following:

1. The candidate must be of post-school age. At present, retarded individuals are usually discharged from public and private schools at age 17, and no one was screened or admitted to the program before his seventeenth birthday. Mandatory legislation requiring public schools to provide education for retardates until age 21, may cause a revision in entrance age at the Center to conform to the new situation, when the law is implemented.

2. The primary disabling condition is mental retardation. Individuals with histories of childhood schizophrenia and cases in which affective disorders are the primary factors are not accepted into the program.

3. The candidate is ambulatory, capable of caring for personal needs, and possesses basic communication skills. He must be able to climb stairs and cross streets, be toilet trained, able to follow simple directions, and can communicate, verbally or non-verbally. Individuals requiring nursing care are not considered eligible.

4. The applicant is unable to meet the social and work demands of a sheltered workshop program at the time of admission.

5. There is no lower limit based on psychological test results. Applicants with I. Q.'s as low as 15 have been accepted and retained in program. An upper I. Q. limit of 55 has been effected because experience at the Sheltered Workshop indicates that almost all individuals scoring above this level are able to meet the eligibility criteria of the Sheltered Workshop.

Step 1 - An application form and questionnaire developed by the Association's psychological staff was utilized in the first phase of the screening procedure. The application is designed to supply identifying information and list the community facilities, such as clinics and schools, which have provided services for the applicant. Parents are requested to sign waivers authorizing these agencies to release medical, psychological, educational, and social information to be used in determining eligibility. The questionnaire is designed to indicate the applicant's level of functioning in the following areas: Self-help, home usefulness, use of leisure time, and ability to travel freely in the community.

Step 2 - Upon receipt and review of the application and questionnaire, the social worker schedules an intake interview with both parents and the applicant. The social worker's intake interview was standardized as an instrument for obtaining information useful in determining eligibility. In addition to securing pertinent family data, the social worker interprets the goals of the program to the family. The interview is used to establish a relationship with the applicant and his parents, and gives the social worker an opportunity to develop insights into possible problem areas between family members which may influence the applicant's adjustment to the program. The interview also allows the parents to express their expectations of the program and of the applicant.

Step 3 - Following the social worker's interview, the applicant is given an individual psychological evaluation by a staff psychologist to determine the level of intellectual and social functioning, and emotional strengths and weaknesses. An effective psychological evaluation of the severely retarded adult must do more than provide quantitative measures of current functioning. In testing applicants for the Occupation Day Center, the examiner is equally concerned with the qualitative aspects of the applicant's responses. The applicant's behavior during the test situation is often of diagnostic importance and suggestive of the subject's ability to adjust to new situations. In addition to reporting the quantitative and qualitative results, the psychologist is asked to predict the applicant's ability to profit from the program and to make a recommendation regarding acceptance or rejection.

The test results are important in determining eligibility, and, together with the material gathered by the social worker, form the basis for determining acceptance or rejection into the program. The test battery consists of the following:

1. Stanford-Binet, Form L, is the standard test instrument because it is applicable to candidates at all levels.
2. The Merrill-Palmer Scale is administered for those who earn a mental age of less than 6 years on the Stanford-Binet.
3. The Wechsler Adult Intelligence Scale is administered to testees who receive a mental age of 6 years or over on the S-B.
4. The Vineland Social Maturity Scale, with a parent as informant, is utilized to measure adaptive behavior.
5. The Goodenough Draw-a-Man Test is used as measure of visual-motor functioning, and as an indicator of self-concept.
6. The Peabody Picture Vocabulary Test is used to measure verbal understanding.
7. The Wide-Range Reading Test is utilized to measure reading achievement and to indicate potential for profiting from word recognition training at the Center.

Step 4 - The Agency supplies each parent with a Basic Medical

Examination Form which is completed by the family physician. In only a few cases has this resulted in minor modifications of program to allow for physical conditions that required special care, i. e., heart conditions are restricted to the first floor, etc.

Step 5 - Admissions and rejections are determined by the Admissions Committee, consisting of the project director, psychologist, and social worker. The Committee assesses the accumulated data and determines if the applicant has met the acceptance criteria.

For accepted candidates, a tentative program based on the reported strengths and weaknesses of the applicant is formulated. For those who are not admitted to the program, the social worker interprets the reasons for rejection to the parents and explores possible alternatives available to the family.

In selecting clients for the program all but 99 of the 380 applications received have been screened and processed with the following results:

Screened and accepted into the program over the three year period (The population at the end of the first year was 56; 60 at the end of the second year; and 60 at the end of the third year.)	83
Screened and found acceptable, now on the active waiting list	71
Screened and rejected as functioning at too high a level (These applicants were referred to the N. Y. State Division of Vocational Rehabilitation.)	39
Screened and rejected as functioning at too low a level	43
Screened and rejected for severe emotional and personality disorders	27
Applications withdrawn or did not appear for office appointments	18
Applications received and not yet screened and processed	99

A review of office files to determine the rate at which applications are being received reveals that during the one year period from Sept. 1, 1961 to August 31, 1962 seventy-five new applications for service were made. Applications continue to arrive at the rate of about six per month even though most families are aware of the long waiting list. At the current rate of turnover - about eight a year - an applicant now applying for service cannot expect to be admitted to the program within the forseeable future. A waiting period of more than five years would have to be anticipated!

About 60% of all screened applicants were found to be acceptable and were either admitted into the program or were placed on the active waiting list. If facilities in the New York City area were increased by 45 places a year it would hardly serve to take care of present applications and would not reduce the current waiting list. It is almost impossible to estimate the rate of applications if the Occupation Day Center were to advertise its availability to the social service agencies in the city.

Examples of how admission criteria were applied are illustrated by the following excerpts from case records:

William D.   Age: 28   I.Q.: 19   Disposition: Accepted

William is a pleasant looking, severely retarded man who has never attended school. The family has provided little opportunity for social contact and he seems to have spent most of his life as a homebound person. Once he overcame the initial anxiety of a new situation, William was quite responsive during testing. Diligence seems to be the keynote of his performance. His speech is virtually incomprehensible, but he is able to communicate fairly well on a non-verbal level. His degree of retardation is so pronounced that improvement will most likely be minimal, but he should be given a trial admission to see to what extent improvement can be made.

Mary P.   Age: 24   I.Q.: 38   Disposition: Accepted

Mary is an attractive young woman with a history of childhood encephalitis. She entered the testing situation in a timid, tentative manner which was reflected in some stuttering. She was docile, friendly, and seemed willing to do her best. Throughout the examination she tried to pay attention, but was easily distracted by outside stimuli. As would be expected from a person with this etiology, Mary did poorly on visual-motor tasks. Verbal and social abilities are fairly well developed. A highly structured program such as provided by the Occupation Day Center would appear to be an appropriate facility for her. Her severe organic involvement would appear to preclude the possibility of successful adjustment to a sheltered workshop situation.

Danny W.   Age: 22   I.Q.: 45   Disposition: Rejected, Emotionally Disturbed

Danny was diagnosed as brain-injured and was recently discharged from Kings County Hospital after an episode of excitement during which he threatened to kill family members. During the examination he was tense and irritable but was sufficiently cooperative to permit testing. From time to time there were indications of loss of contact with reality and irrelevant responses were produced. Mild paranoid ideation to the effect that his mother unduly restricts his activities were expressed. At present, Danny appears to require further psychiatric treatment. It is not recommended, therefore, that he be accepted into the program because of his emotional instability, a problem which could not be adequately handled by available staff.

Mary T. Age: 20 I.Q.: 15 Rejected: too immature

Mary is a severely retarded girl with a diagnosis of mongolism who is negativistic and unresponsive in new situations. She exhibits poor visual-motor coordination and poor manual dexterity. In addition, she demonstrates little ability to learn from experience. Mary often appears to be unaware of her surroundings and has inadequate training for group experiences. She cannot dress or undress herself and has to be reminded to go to the toilet. At present, she requires greater care than the Occupation Day Center is in a position to provide. Admission to the program is not recommended.

Sheldon B. Age: 18 I.Q.: 60 Rejected: too high

Sheldon is an apparently well adjusted young man whose scores were unusually high for a person with a diagnosis of mongolism. He is rather brash and self-confident and appeared to enjoy the opportunity to display his knowledge and abilities. He worked carefully and methodically during the testing without showing signs of fatigue or frustration. Although no potential for competitive employment is indicated, he should be able to function satisfactorily in the Sheltered Workshop. Referral to the Division of Vocational Rehabilitation is recommended (and was subsequently successful). The Occupation Day Center program does not appear to be sufficiently challenging for a person of his ability and social maturity.

The trainee population has been divided into 5 coeducational groups based on social maturity, intellectual ability and special problems in training. Group assignments are relatively flexible and individuals are transferred for temporary periods to take advantage of non-coed activities such as shaving or grooming. The size of the groups assigned to individual instructors varies with the functioning level of the trainees. The intellectually and socially superior groups are larger; the smallest group has ten individuals functioning at a profoundly retarded level.

Two or more groups are often combined for activities such as social dancing, recreational activities, leisure time games and some types of work. Table I describes the structure of the existing groups, each under the supervision of a single instructor.

Table I

Grouping of Current Population (N = 60)

Group	Number	IQ Range	Mean IQ
1	14	30 - 52	40.3
2	13	24 - 52	34.9
3	12	24 - 43	35.8
4	12	17 - 40	29.8
5	9	15 - 24	20.3

Methods of evaluating results were developed. The initial plan for the Occupation Day Center posited, among other aims, the development of methods "to ascertain the extent of growth possible as a result of...training" and to measure significant changes in parent's attitudes resulting from the newly available services. A number of tentative scales were developed and are currently being used towards this objective.

Since many changes in clients occur during the first period of attendance, it was felt useful to systematically record the observable abilities and reactions of the first three months. For this purpose a Comprehensive Evaluation Form was originated and used for each new admission. It is completed by the instructor during the trainee's first three months in attendance.

A Behavioral Check List was also developed by staff. This check list is submitted by the instructor at the beginning of training and at the completion of each year. Each trainee thus serves as his own control in the measurement of such significant aspects of functioning as Language Development, Social Skills, Self-Care, Home Usefulness, Personality Changes and Peer Relationships.

An important objective of the program has been the development of more positive attitudes towards the retarded adult by his family and thus reduce anxiety. Objective measurement of these intangibles is admittedly difficult and multiple biases may operate to distort results. To reduce somewhat the subjectivity expected from parent's reports, highly structured interviews are conducted by the staff social worker. A special form was originated and is used to record impressions of Family Adjustment and Attitudes. As with the Behavioral Check List, these interviews and reports are completed annually with each set of parents.

Chapter III

THE BUILDING AND THE STAFF

The Occupation Day Center has, from its inception, been housed in a reconverted double brownstone building in Manhattan's lower East Side. The location is relatively central for New York City and is accessible from all boroughs. The building is owned by the Daughters of Israel, a philanthropic organization, who had used this property as a Day Nursery School for neighborhood children. When shifts in population and the development of other community agencies lessened the need for the Nursery School, the Daughters of Israel generously made available a large part of the building on a rent-free basis.

Although the present facilities are not ideal in terms of available space or layout of rooms they have proved to be quite serviceable.

About 6500 square feet of space are available for Occupation Day Center use. There are three large multipurpose rooms, a well-equipped kitchen, a laundry room, five modest-sized offices for staff, a roof play area, lavatories, and clothes closets.

Modest reconversion was necessary in order to equip the building for an adult program. Since it was impossible to make structural changes, considerable flexibility and multiple use of the available space has been necessary. All equipment is movable and room dividers allow for varying the use of the rooms.

Wherever possible, trainees were involved in redecorating and refurnishing. The assembly of work tables, room dividers, painting, and decorating were largely done by the trainees under staff supervision. The goal was to make the Occupation Day Center a bright, cheerful setting.

Each of the three large rooms is used for a variety of activities. The largest room in the building is divided by moving partitions and serves as "home room" for two of the groups. The dividers are removed when the space is needed for meals, for production work and group gatherings, for social and recreational activities.

One second story room measuring 14 by 60 feet is also divided for use by two groups. In addition it is used for shop work, shaving and grooming instruction, and for travel training.

The third room in the building, also on the second floor, is probably the most adequate for general use. It measures 26 by 34 feet and allows the instructor to carry on several activities at once. In this large airy space bed-making, shoelace-tying, time-telling and word recognition may be carried on simultaneously. A room of this size makes individualized instruction possible, and permits the instructor to concentrate on the individual needs of single trainees.

Ideally, facilities for severely retarded adults should be located at street level, or have an elevator service. Many trainees have some difficulty in negotiating stairs but it is not an impossibility for any of them. Stairs have an additional disadvantage when it becomes necessary to handle subcontract materials. Rather heavy cartons have been required and, on a few occasions, have necessitated the assistance of more competent trainees from the Sheltered Workshop.

Two special purpose rooms have proven invaluable in the training program. A very large kitchen area with an eight-burner stove, large refrigerator and large double sinks have facilitated instruction in food preparation. The room is large enough for simultaneous use by an entire group of 12 to 14 trainees and the supervising instructor.

A smaller room has been set aside for laundry purposes. A large table for folding tablecloths and aprons has been built and enough additional space remains for five ironing boards to be used at the same time.

Staff

The basic staff of the Occupation Day Center consists of a director, a social worker, 5 instructors, a supervisor of training, an office worker and a psychologist on half-time. The duties and responsibilities of the staff are almost apparent from their titles but their specific roles are outlined below.

Director

1. The Director of the Occupation Day Center is responsible to the Executive Director of the Association for the Help of Retarded Children and, through him, to the Board of Directors, for implementing the Association's policies and goals. In this connection he meets with a Standing Committee of the Board of Directors which is assigned to help plan the program, advise on budget matters and represent the Occupation Day Center at meetings of the Board.

2. He has direct responsibility for control and coordination of all services and for the daily operation of the program.

3. He is responsible for recruitment of all staff, professional, clerical and maintenance, and arranges staff assignments. In this connection he evaluates program personnel periodically.

4. He is chairman of all staff conferences and is responsible for scheduling required meetings on such issues as admission of new applicants, periodic evaluations of trainees, in-service programs and the weekly staff conference on program.

5. He is responsible for formulating, implementing and evaluating all procedures affecting the trainees and their parents.

6. He makes the final determination of acceptance of applicants and recommends official terminations. Members of the Board Committee are consulted or advised of such actions.

7. He is responsible for the preparation of reports to the Executive Director, Committee and Board and has a major responsibility in accumulating the data required for the National Institute of Mental Health.

8. He is responsible for preparing and submitting an annual budget to the Executive Director for the Board's approval and adoption. He must approve all expenditures and is accountable to the financial officers of the Association for his use of money.

9. He is responsible for seeing that records are kept relating to the trainee's history, progress and present status.

10. The Director represents the Occupation Day Center at intra-agency conferences, professional meetings and in relations with other community agencies. He may be called upon to speak before such groups as well as to donor groups whose support is being solicited.

Social Worker

1. The Social Worker is responsible for major items in the intake procedure.

    a. He receives initial applications and/or referrals and grossly determines eligibility on such factors as age, previous school history, type of service requested, etc.

    b. He arranges and conducts appointments and interviews with families and applicants which he reviews in writing.

    c. He is responsible for requesting background materials from other agencies: schools, hospitals, institutions, etc.

    d. He describes the program to the applicant and the family.

    e. He serves as a member of the staff committee that determines admission and refers to other resource clients who are unsuited for the Occupation Day Center.

2. The Social Worker sees each trainee's parents at least annually to review those areas of behavior and family adjustments that are included in the scales developed at the Occupation Day Center. He submits the finished reports to the Director.

3. He is responsible for supplying information over the telephone to

individuals and agencies requesting advice.

4. He takes care of phone calls from the parents of trainees who request specific help with such problems as transportation, diet, medications, vacations, absences, behavior problems in the home, tuitions, etc.

5. He provides limited counseling for parents who require such service.

6. He works directly with those trainees who present problems in their group and who can profit from an office interview with an authority figure other than their instructor. These office interviews are often initiated at the request of parents who need help in handling problematic behavior, i.e. a trainee who chooses to ride the subways for hours instead of returning home at a reasonable time; refusal to take baths, etc.

7. The Social Worker participates in all case conferences, staff evaluation meetings, and meetings on programming.

8. He sets tuition fees based on ability to pay and determines this in conferences with the family.

Supervisor of Training

The Supervisor is immediately responsible for the day by day implementation of the training objectives. He works most directly with the individual instructors in developing programs and schedules for each of the five groups. Plans for each day's activities as well as long range arrangements are worked out. The Supervisor of Training will assign specific groups for kitchen duties, will make necessary arrangements for use of the gymnasium, deals with the transportation company, orders necessary supplies. He may spend time on such duties as the development of a word list, a technique for teaching shoe-shining or arranging for a class in shaving.

The Supervisor is responsible for the maintenance of property and equipment. As the administrative assistant to the Director he interprets training philosophy to the instructors and provides the initial orientation for new staff members.

A substantial part of his time is required to receive the many visitors from other agencies and schools who have become interested in the project.

The Supervisor of Training is also responsible for contributing to all staff meetings and is a member of the admissions and evaluation committees. When systematic data is required from the instructors he is responsible for its collection and rearranges staff duties to permit time for special reports and records to be maintained. In addition, he acts as a substitute instructor in the event of absence of other personnel and may assist with individualized instruction that is impossible in a large group.

The Instructor

The instructors have the key role in the Occupation Day Center. They work most directly with the trainees in groups numbering from 9 to 14 in each. The same instructor is responsible for all phases of training from tying shoelaces and obeying traffic lights to teaching word recognition and preparing pizza. At varying times they assume the roles of counselor and guide, mother-surrogate, school teacher, nursemaid and friend. The instructors are responsive to all details of life that affect the trainees and are expected to listen to reports of family gossip, complaints and quarrels within the Center and the plots of TV comedies seen the night before.

No list of duties would adequately describe the multiplicity of relationships and the variety of activities required in a single day. The instructors are responsible for initiating specific procedures that cannot be totally preplanned and dealing with the unexpected difficulties. Although consultations with professional staff members are available there is a constant need for improvisation.

Instructors are involved in weekly conferences and make a major contribution in the evaluation of trainees with whom they are acquainted. They are expected to meet with parents at scheduled evening meetings and to discuss, through the telephone, issues and questions raised by the parents. These questions may deal with such problems as a lost pair of rubbers or a bruised finger to trainee's complaints about mistreatment by another trainee in the same group. Trainees talk about their day's activities when they return home and frequently present garbled accounts of innovations in program. Many parents call for clarification and the instructors may be the only members of staff who have specific information.

Psychologist

The part-time psychologist has a number of specific responsibilities which changed in importance at different stages of the project. The intensive testing program required during the initial stages of screening diminished as the population became stable. A large number of additional candidates were also tested for eligibility and placed on an interminable waiting list. It appeared futile to extend this list indefinitely and most of this phase of psychological testing has been stopped. Some of the duties of the psychologist include:

1. The administration of a standard battery of psychological tests to applicants. The nature of these tests is described in the section on Admission procedures.

2. Meeting with other members of staff on admissions, evaluation and program planning.

3. Planning and participating in selected research problems related to the development of the Occupation Day Center.

4. Observing program and suggesting methods for dealing with the problems of individual trainees.

5. Collecting and analyzing the data that is relevant to his discipline.

6. Assisting with the preparation of reports.

7. Helping to develop the scales and questionnaires used by other members of staff to describe behavior of trainees and attitudes of parents.

8. Assistance in developing teaching procedures in academic programs and in special areas of self-help.

Secretary - Receptionist

The office worker at the Occupation Day Center performs a variety of important duties. Her office serves as the reception room for the many professional visitors and parents who come to the Center. She directs visitors to the proper staff member and maintains a register of all visits. Telephone requests for general information and routine calls from parents about fees or absences are handled directly by her.

She is responsible for the proper maintenance of the files of case records, application lists and correspondence. The secretary-receptionist does all the typing required by the professional staff including the anecdotal reports prepared by the instructors. She prepares mimeographed copies of the materials which are circulated both within and outside the Occupation Day Center and fills requests for materials from interested persons.

Her office duties include keeping records of expenditures, attendance of trainees and staff and the assignment of trainees to specific bus drivers. She also deals directly with the transportation company on routine details of pickups and revision of time schedules.

Chapter IV

POPULATION

Age and Sex of Trainees

A total of 83 trainees was admitted to the Occupation Day Center during the first three years. The average age of all trainees at the time of admission was 21 years, 2 months. One-half had not reached their 20th birthday, while only three individuals were more than 30 years of age. The females tended to be approximately 2 years older than male trainees.

The greatest pressure for admission occurs in the years immediately following the termination of formal schooling. In New York City, public and private schools usually discharge retardates who have reached their seventeenth birthday. The number of severely retarded adults applying for admission declines rapidly beyond the age of twenty-one. Applications from retarded individuals above the age of 30 are relatively rare.

Male clients outnumber female clients in the Center as they do in most facilities providing services for the retarded. Sixty-five percent of the total population are males. However, of the clients who were terminated during the period of the grant, there was a more equal distribution; 12 males were terminated, while 11 females were terminated.

Table 2 presents the age and sex of all trainees admitted to the Center.

Table 2

Age and Sex of All Admissions

Age	Male	Female	Total
17 -	15	4	19
18 -	9	4	13
19 -	8	2	10
20 -	3	3	6
21 -	4	1	5
22 -	2	4	6
23 -	3	5	8
24 -	2	4	6
25 -	2	2	4
26 -	1	0	1
27 -	0	0	0
28 -	0	0	0
29 -	1	1	2
30 -	0	0	0
31 -	0	1	1
32 -	0	1	1
33 - over	1	0	1
Totals	51	32	83
Mean	20-4	22-8	21-2

The Intelligence Level of Trainees

Individual intelligence testing of applicants admitted to the program revealed a range of IQ's from 15 to 65, with a mean of 35.8. The only three individuals with IQ's above 55 were transferred to the Sheltered Workshop after attending the Center for about a year. Testing at the Occupation Day Center revealed a high degree of agreement with previous test results, indicating relative consistency of the IQ in severely retarded adults.

The IQ's of the current population at the Center ranges from 15 to 52, with a mean of 33.3. Fourteen individuals, representing 23% of the population, obtained IQ's below 25. Although male trainees comprise 65% of the total population, they represent 85% of the trainees with IQ's below 25. The IQ's of the terminated population ranged from 19 to 65, with a mean of 42.5, about 10 points higher than the mean for the current population.

By way of comparison, the mean IQ of the "permanent" trainees at the Sheltered Workshop is 50.0, while the mean IQ of presumptively employable is 66.0. Only 5 out of a total of 210 workshop clients had IQ's below 35, the mean for all trainees admitted to the Center during the three year period.

Table 3

IQ Distribution of Population

	Current			Terminated			
IQ	Male	Female	Total	Male	Female	Total	Grand Total
15-19	2	1	3	1	0	1	4
20-24	10	1	11	0	0	0	11
25-29	0	3	3	1	0	1	4
30-34	12	6	18	2	2	4	22
35-39	5	5	10	0	1	1	11
40-44	7	3	10	3	4	7	17
45-49	3	0	3	4	1	5	8
50-54	0	2	2	0	1	1	3
55-59	0	0	0	0	1	1	1
60-64	0	0	0	0	0	0	0
65-69	0	0	0	1	1	2	2
Totals	39	21	60	12	11	23	83
M =	32.2	34.6	33.3	40.6	44.5	42.5	35.8
SD =	8.9	8.7	8.8	9.8	10.6	10.2	10.3

Mental Ages of Current Population

The mental ages of the Occupation Day Center population, as determined by the Binet or Merrill-Palmer, ranges from a low of 2 years to 7 years, 6 months, with a mean of 4 years, 8 months. Although the mental age concept must be applied with caution to adults, it can be seen that the population at the Occupation Day Center is grossly deficient in mental development even during adulthood.

Only 10 trainees, one-sixth of population, have attained, at maturity, a mental age above 6 years, the age of "educability." Twelve persons, one-fifth of the trainees at the Center, have mental ages below three and one-half, an age often defined as the minimum for effective participation in programs at a "normal" nursery school level.

Ten of the 12 individuals with mental ages below three and one-half years are males, while only two are females. This very uneven distribution suggests cultural differences in attitude towards male and female retardates at this level.

The mental age distribution of the current population is summarized in Table 4.

Table 4

Mental Ages - Current Population

Mental Age	Male	Female	Total
2-0 to 2-6	1	0	1
2-7 to 2-11	2	1	3
3-0 to 3-6	7	1	8
3-7 to 3-11	2	4	6
4-0 to 4-6	5	2	7
4-7 to 4-11	7	3	10
5-0 to 5-6	5	5	10
5-7 to 5-11	4	1	5
6-0 to 6-6	3	2	5
6-7 to 6-11	2	0	2
7-0 to 7-6	1	2	3
Total	39	21	60
Mean =	4.7	4.10	4.8

Reading Level

The reading section of the Wide-Range Achievement Tests is administered to all applicants during the psychological examination preceding admission. The grade equivalent score is based on oral reading and does not necessarily measure comprehension.

The reading level of the population admitted to the Center ranged from a grade of zero to a high of 4. 7, with a mean of 1. 4 years. About half of the population was unable to correctly identify the letters of the alphabet. This is not surprising since most of the trainees were identified as "trainables" during their school years and were not expected to succeed in academic work. They were frequently denied opportunities for formal academic instruction. That some individuals at the higher levels can profit from reading instruction is demonstrated by the test results for trainees with IQ's above 40. Thirteen of the fifteen trainees in this higher range achieved a reading grade above the second year level. In comparison, the "permanent" group in the Sheltered Workshop reads at a mean grade equivalent of 3. 1.

Consistent with previous findings reported in the literature, female trainees tended to be slightly superior to males in reading achievement. Mean scores for females were six months higher than those achieved by males.

The distribution of reading grade equivalents for the total population (excluding 3 trainees with IQ's above 55) appears in Table 5.

Table 5

Reading Level of All Trainees*

Reading Grade	Male	Female	Total
.0 - .9	32	9	41
1.0 - 1.4	6	6	12
1.5 - 1.9	2	3	5
2.0 - 2.4	2	7	9
2.5 - 2.9	2	3	5
3.0 - 3.4	1	0	1
3.5 - 3.9	1	0	1
4.0 - 4.4	2	2	4
4.5 - 4.9	1	1	2
Total	49	31	80
Mean	1.3	1.8	1.4

*excluding 3 cases with IQ's above 55.

Length of Stay

When the Occupation Day Center was opened, no time limitations were imposed on trainees admitted to the program. Experience at the Occupation Day Center as well as the Sheltered Workshop indicates that when a facility is offered for unrestricted periods, it tends to become permanent. Parents do not often voluntarily withdraw their children from all-day programs.

Because of space limitations, it is difficult to provide service for more than 60 trainees during regular daily sessions. The population at the Center, therefore, tends to be relatively static. Two-thirds of the population have been in attendance since the Center opened or shortly thereafter. Nine trainees - only 15% of those enrolled - have spent less than one year in the Center. The average length of stay for the current population is 27.6 months.

Table 6

Length of Time in Occupation Day Center
N = 83

	Current			Terminated			
Months	Male	Female	Total	Male	Female	Total	Combined Total
1- 2	0	0	0	1	0	1	1
3- 4	0	0	0	0	0	0	0
5- 6	3	2	5	1	0	1	6
7- 8	1	0	1	2	2	4	5
9-10	0	0	0	0	0	0	0
11-12	3	0	3	0	1	1	4
13-14	0	0	0	2	1	3	3
15-16	0	0	0	0	0	0	0
17-18	1	0	1	1	0	1	2
19-20	1	1	2	2	3	5	7
21-22	0	0	0	0	1	1	1
23-24	2	1	3	1	0	1	4
25-30	4	2	6	1	2	3	9
31-36	24	15	39	1	1	2	41
N =	39	21	60	12	11	23	83
M =	27.0	29.0	27.6	16.0	19.4	17.6	26.0

Reasons for terminations

Twenty-three of the 83 individuals accepted into the program left the Center for a variety of reasons. The average stay for this group was 17.6 months, ten months less than for the permanent group. As could be expected, those who attended for the shortest period, were persons who were unable to make a satisfactory adjustment to the program. Most of those who were transferred to Sheltered Workshops did so after attending the Center for a year and a half or longer. Table 7 gives the reasons for withdrawal.

One way of judging the effectiveness of the program is to analyze the terminations during the three year period. Of the 22 trainees in this category - one person is deceased - 12 were admitted to Sheltered Workshops in the New York City area. Since trainees admitted to the Occupation Day Center are presumptively not ready to meet the demands of a sheltered workshop program, it may be assumed that the Center helped to prepare most of these trainees for the more demanding activities of a sheltered workshop.

Six persons, constituting the next largest group of terminations, were withdrawn from the program for a variety of reasons, but mainly because the program did not meet the expectations of the parents. They felt their children had not made an adequate adjustment and attempted to find a more suitable facility. In three of these six voluntary withdrawals the parents were unable to find a more satisfactory community placement and have applied for readmission. That most parents of severely retarded adults seem to accept the goals of the Occupation Day Center is indicated by the fact that these 6 withdrawals represent about 7% of all admissions.

Table 7

Reasons for Termination

	Male	Female	Total
Sheltered Workshop	6	6	12
Withdrawn by Family	3	3	6
Discharged as Unsuitable	1	1	2
Residential School (private)	1	0	1
Deceased	0	1	1
Totals	12	11	23

One important objective of this demonstration program is to test its effectiveness in preventing or delaying institutionalization. During the first three years only one trainee was institutionalized. In this case, an aged grandmother who headed a household consisting of her disturbed daughter and two retarded grandchildren, was assisted in arranging placement of the more severely retarded of the grandsons, a trainee, in a State School.

Only two trainees were dropped from program because of disruptive and unmanageable behavior. Neither person has been institutionalized. The parents were informed that they may reapply for service when the client appears to be ready for group participation.

School History of the Occupation Day Center Population

Early school records are difficult to obtain for an adult population and much of this material is based on parent's reports. Wherever possible official school records were used to authenticate family reports of schooling.

About 80% of the trainees attended public school classes for the retarded during their childhood. Most of these received their education in Low IQ ("trainable") classes, but a significant number were allowed to remain in classes for "educable" children. A few trainees attended private day school facilities. Ten trainees spent most of their school years in the parent-sponsored classes operated by the Association for the Help of Retarded Children for children classified as ineligible for public education. Three individuals attending the Center had never attended school. Only one person received his schooling in a state institution.

Table 8 summarizes the school history of the total population. The combined total is larger than 83 because several trainees are listed in more than one category.

Table 8

School History of Occupation Day Center Population

Type of Class	Years of Schooling	Male	Female	Total
Board of Education "Low IQ" Classes ("Trainable")	Less than 3	1	2	3
	3 - 8	17	13	30
	More than 8	9	6	15
Board of Education "CRMD" Classes ("Educable")	Less than 3	0	0	0
	3 - 8	12	3	15
	More than 8	1	3	4
AHRC Classes (Ineligible for public education)	Less than 3	0	1	1
	3 - 8	5	2	7
	More than 8	3	0	3
Private Day School	Less than 3	3	4	7
	3 - 8	2	4	6
	More than 8	2	0	2
State Institution		1	0	1
No School		2	1	3

Peabody Picture Vocabulary Test Scores

An interest in measuring communication skills among retarded adults included the testing of all trainees with the Peabody Picture Vocabulary Test.

The PPVT was designed to measure "hearing vocabulary" as an important factor in "verbal intelligence." In a recent study[1] investigators found that retarded adults tend to have significantly higher mental age scores on the PPVT than they do on Stanford-Binet. The study suggested that the verbal skills of retardates may continue to mature beyond that of other factors measured by existing tests. It was felt that speech was favorably affected by residence in the community.

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[1] Tobias, J. and Gorelick, J. "The Validity of the Peabody Picture Vocabulary Test as a Measure of Intelligence of Retarded Adults," Training School Bulletin, 1961, 58, 92-98.

The average Mental Age of the Occupation Day Center population on the speech test is 6-1 years, 1-5 years higher than the average Mental Age on the intelligence test. This discrepancy of 17 months between vocabulary and S-B scores suggests that gains in speech may result from living at home and utilizing specialized community services.

Table 9

Peabody Picture Vocabulary Scores

Current Population

Mental Age	Male	Female	Total
2 to 2-11	5	1	6
3 to 3-11	7	2	9
4 to 4-11	7	6	13
5 to 5-11	6	3	9
6 to 6-11	4	2	6
7 to 7-11	2	1	3
8 to 8-11	4	2	6
9 to 9-11	1	3	4
10 to 10-11	3	0	3
11 to 11-11	0	0	0
12 to 12-11	0	1	1
Total	39	21	60
Mean	5-7	6-3	6-1

Diagnosis and Etiology

The information about etiology and diagnosis of the trainees is based on case records. Information released from hospitals and clinics for the mentally retarded have been utilized in compiling Table 10.

The majority of severely retarded individuals seem to fall within the clinical classifications of mongolism and presumed brain damage. Various investigators have estimated that about one-third of pupils enrolled in "trainable" classes are mongoloid. The 30 mongoloids admitted to the Center during the three year period represent 36% of the total population.

Although almost one-third of the population is listed as "unknown" in regard to etiology, most of these persons exhibit the behavioral characteristics of hyperactivity and distractibility associated with one category of "brain-injured" children.

Table 10

Diagnosis and Etiology

	Male	Female	Total
Mongolism	19	11	30
Brain Damage	3	2	5
Birth Injury	3	2	5
Epilepsy - Grand mal	2	2	4
Cerebral Palsy	3	2	5
Tuberous Sclerosis	0	1	1
Aphasia	1	0	1
Post-encephalitis	2	1	3
Endocrine Disorders	1	1	2
Unknown	16	11	27

Socio-Economic Status of Parents of Current Population

The population at the Center comes from families which comprise a cross-section of the community. The largest number are from families where the father is skilled or semi-skilled salaried worker. A number of fathers are self-employed small business men; some are practicing professions such as accountancy, teaching, or law.

Table 11

Socio-Economic Status of Parents Current Population

Occupation	Father	Mother
Housewife		45
Professional	6	5
Proprietor	7	1
Service & Sales	8	0
Skilled	9	0
Semi-Skilled	14	3
Unskilled	4	2
Deceased	6	2
Disabled - Retired	4	0
Totals	58	58

NOTE: There are two families that have two children each in the Occupation Day Center.

The families of trainees are generally intact. In only two cases are both parents deceased. In both these instances normal siblings have assumed guardianship for the trainee. In almost 90% of the cases the father is alive and living in the home.

Eleven mothers are employed on full time jobs - five of them on a professional level. Ten of the 11 working mothers have reported that their child's attendance at the Center permitted them to accept full time employment. In 2 cases the employed mother is responsible for earning a livelihood for the family.

Age of Parents of Current Population

The average age of fathers of trainees is 56.4 years; the average age of mothers is 54.1 years. About one-third of the fathers are above the age of sixty; about one-fifth of the mothers are more than sixty years of age. Four fathers and two mothers are deceased.

The parents often express apprehension regarding the future of their children when they will no longer be able to provide home care. Although most parents prefer to have their children remain in the community, they usually forsee eventual institutionalization should they die or become incapacitated.

As parents become older they become more concerned with developing community alternatives to institutionalization. The demand for half-way houses, foster home placements, and other substitute facilities for a family residence will undoubtedly increase in coming years.

Table 12

Age of Parents of Current Population

Age	Father	Mother
Under 40	0	1
40 - 44	3	2
45 - 49	2	9
50 - 54	19	20
55 - 59	11	13
60 - 64	14	7
65 - 69	4	3
Over 70	4	2
Deceased	4	2
Mean	56.4	54.1

Siblings of Current Occupation Day Center Population

The family size of the Occupation Day Center population appears to be representative of the community at large. The average number of children per family is 2. 5. Nine trainees are only children; in 30 other cases there is one other child in the family. In only one-third of the cases is there more than one other sibling.

Table 13

Siblings of Current Population

Number	Frequency
* 0	9
1	30
2	13
3	2
4	2
5	3
6	1
Mean	25

*NOTE: Of the only children; 7 out of 9 are mongoloids.

Ethnic Factors

The percentage of applications from Negro and Puerto Rican clients has been much lower than their proportionate incidence in the community. Of the 83 trainees serviced during the three year period, two were Negroes and one Puerto Rican. One explanation offered for this under-representation of Negro and Puerto Rican clients may be a greater tendency of these ethnic groups to resort to institutionalization. Their lack of awareness of existing community services and their relative lack of experience in utilizing these services may be a contributing factor.

Education of Parents of Current Population

Considering the age of the parents of trainees, it is likely that their educational level is somewhat above average for the general community. The mean years of schooling of parents is slightly more than 11 years. More than 20% have had a year or more of college. Many of these parents are leaders in the Association for the Help of Retarded Children and play an active role in organizing and expanding community services for the retarded.

Table 14

Education of Parents of Current Population

Years of Education	Father	Mother
Under 6 years	2	3
7 - 8	20	19
9 - 10	4	5
11 - 12	19	21
13 - 14	4	4
15 - 16	7	7
17 - 19	3	0
Mean	11. 3	11. 1

Age of Mothers at Time of Birth of Retarded Child

Various investigators have reported that the average age of mothers at time of birth of mongoloid children is higher than the average age of mothers of normal children. An examination of the ages of mothers of mongoloid trainees reveals a range from 17 - 48 years, with a mean of 34. 9 years. However, only one mother of this group was below age 27 at the birth of her child.

As a contrast group, the ages of mothers at birth of non-mongoloid trainees was tabulated. These ages range from 17 to 40 years, with a mean age of 28. 7 years. There is approximately a six year difference in age between mothers of mongoloid and non-mongoloid trainees. Eleven mothers of mongoloid children were above the age of 37 at the time of birth of their child, while only one mother of a non-mongoloid trainee was above the age of 37 at the time of birth of her child.

To test the significance of the six year differential between ages of mothers in the two groups, the "t" was employed. A t-ratio of 3.87 was calculated, which is statistically significant at the .001 level.

This finding is consistent with previous findings that mothers of mongoloid children tend to be older than mothers of non-mongoloid retarded children.

Table 15

Age of Mothers at Time of Birth of Retarded Child (Current Population)

Age	Mothers of Mongoloids	Mothers of Non-Mongoloids
17 - 21	1	1
22 - 26	0	12
27 - 31	9	9
32 - 36	6	10
37 - 41	6	1
42 - 46	4	0
47 - 51	1	0
Total	27	33
Mean	34.9	28.7
S.D.	6.8	4.8

"t" = 3.87
P = .001

Chapter V

SOCIAL AND BEHAVIORAL CHARACTERISTICS

Many of the distinctive characteristics of the trainees, reported in the preceding chapter, were known prior to admission or were quickly uncovered through interviewing the parents and administering standardized tests. This data is important in understanding the client and his family and is usually suggestive of the behavior that may be expected from both. Of equal importance in appraising the trainee is the careful observation of his behavior after admission to the Center. His relations to other people, his responses to new situations and his acquired skills are not always directly related to scores on intelligence tests or the subjective reports of parents. Many of these factors have an obvious relevance to the trainee's ability to function without constant supervision and controls.

An analysis of weaknesses and strengths in behavior and social skills constituted the empirical basis for developing the training program at the Occupation Day Center and suggested specific items for which there was a need. The program is directed towards promoting greater skills where these are deficient but remediable and towards modifying social behavior where this is unacceptable in a normal environment.

A tabulation of some staff observations will help describe the population and will make more graphic the limitations of the clients for whom this facility is intended.

A. Identification of numbers

Cannot identify any numeral - 26
Can identify numerals only from 1 to 5 - 6
" " " " " 1 to 10 - 8
" " " " " 1 to 20 - 5
" " " " " 1 to 100 - 13
" " " up to 1000 - 2

B. Identification of coins

No coins - 18
Some coins - 13
Can make limited change - 4

C. Does not know home address - 21

D. Address of Occupation Day Center (after one year's attendance)

Did not know address - 44
Knew address - 5

E. Identification of colors
Cannot identify colors by name - 19
Minor confusions in color - 3

F. Cannot identify common kitchen utensils by name - 34

G. Cannot set table properly - 40

H. Cannot open can with fastened wall can opener - 39

I. Cannot light a match - 35

J. Cannot cut on a line with scissors - 26

K. Cannot tie shoelaces (before instruction) - 34

L. Cannot tie shoelaces (after instruction) - 14

M. Writing name
In script - 9
Prints - 12
Some misspelling - 7

N. Cannot use coat zipper - 23

O. Cannot button coat - 3

P. Unable to comb hair - 14

Q. Can't identify other trainees in Center by name - 20

R. Do not know their own age - 33

S. Unable to use safety-pin efficiently - 44

In addition to these selected observations by Staff, the following details were elicited from parents through standardized interviews.

1. Only 13 trainees out of 55 required no help in dressing.

2. Less than one-third were reported as "usually" making their own beds, cleaning their room or setting the table. Only one-fourth "usually" washed or dried dishes.

3. About 15% were never left at home alone.

4. In all but 7 cases where there are other siblings in the home, the siblings were involved in caring, educating and escorting the retarded person. Friction with siblings was reported in about one-third of all cases.

5. Only 26 out of 55 trainees were permitted to cross streets alone at the time of admission to the Occupation Day Center. About one-half were allowed only to the corner of the street or restricted to the immediate vicinity of the house.

6. Approximately one-half of the accepted group was reported as having no friends at all. Six additional cases had a single friend. Only 14 parents claimed they had "no problem" with friends.

7. Exactly half the group were either frightened or phobic about specific things. Thirteen were afraid of animals. Others were reported as fearful of darkness, strangers, elevators, etc.

8. One-third of the parents reported that their retarded child disliked being left by the parent and tended to complain and worry when the parent was out of the home.

9. More than one-third were described as sulking, crying or having a temper-tantrum when not "having their own way."

10. Only 17 trainees were reported as "most often" talking about topics of family interest. Twenty-four others spoke "most often" about the Center and 16 about "personal needs."

Composite Portrait of a New Admission

At the time of his admission the typical trainee is likely to be near his 20th birthday and has a Mental Age of less than five years. He comes from an intact family where both the mother and father are middle-aged or older and are deeply concerned with the problem of care for their retarded child after their death. If there have been other children in the family they were of normal intelligence and no longer live with their parents. The retardation is probably due to either mongolism or brain-injury at birth.

The typical trainee has attended school in the community and has never been separated from his parents for more than brief intervals. He is likely to have been out of school for three years before admission and has spent most of this time in idleness and relative isolation. Parents are conscious of deterioration in sociability and cooperativeness. They report moodiness, resistance to performing routine household chores, and withdrawal to the world of television. The parents' attempts to develop an activity program in the home have not been successful and have been abandoned.

When the new trainee arrives at the Center he is dressed in serviceable clothes that are inappropriate for his age group. He is probably clean and dressed for the weather but his attire is tasteless and he looks "different" than other people in the street. Clashing combinations, childish headgear and accessories, sturdy but odd-looking shoes are common. As likely as not he will carry a lunch box with Mickey Mouse or Lone Ranger decorations and will have ear-flaps on his hat.

The trainee knows his name and probably his home address but is widely inaccurate about his age. He does not know either the number or the street of the Center and when he does know his home phone he cannot dial the number. It is unlikely that he can identify any numeral beyond ten and probably can neither write nor print his name. He is very uncertain about the value of different coins and has rarely been trusted with money. If he owns a wallet it is used as a toy or a place to carry a photograph.

The new trainee has practically dressed himself. His mother has put out the clothes he was to wear and has tied his shoelaces and necktie. With only minor difficulty he has managed to fasten his own buttons and zippers. After a reminder, he has washed his hands and face and brushed his teeth. Either of the parents may have shaved him the night before. If the trainee is a young woman she has had some finishing touches put to her hair-brushing but rarely adds cosmetics. She will probably carry a handbag but it will contain neither money, keys nor lipstick.

The new trainee enters with great eagerness and pleasant expectations - sometimes with illusions. He has had at least a brief view of the place during intake and there has been considerable coaching and explanations by the family. He views the program as an adult experience and not a duplication of his old school. The staff is seen as non-threatening and helpful and the trainee is eager for their attention and praise. He is unlikely to appreciate some customary rules of conduct and his egocentric concerns take precedence over a staff member's activity. He will walk into offices, interrupt conversations or indicate in some less active manner that he is waiting to be noticed. As often as not, the interruption will be motivated by a need to inform a member of staff that he is wearing a new shirt, or that it is raining. The trainee usually makes friends very quickly and has no difficulty in being accepted by his group. New elements of experience are greeted with enthusiasm in both words and demeanor and there is an element of over-eagerness in doing something different, such as self-travel or food preparation. Although he talks in a loud voice he is not otherwise noisy or boisterous, even in party situations. The trainee responds quickly to admonition, even when he is criticized by his peers. Within his limits he tries to be helpful and he is quick to sympathize with hurt feelings or pain. This sympathy often takes the form of over-solicitude and an exaggerated helpfulness that seems to caricature the treatment he has received himself.

His movements are awkward and unprecise. He is clumsy in climbing stairs and prefers to hold on to both banisters. Running is rare and most motions are made slowly. There is a labored quality in his handling of materials and breakable or spillable objects are treated cautiously. The caution does not altogether eliminate minor accidents and things are frequently knocked over or inadvertently disarranged. His gait is ponderous and studied and has some of the quality of an aged person who is conserving his motions.

The new trainee likes coming to the Center and complains when he is forced to remain at home because of illness or family interference. He is almost never apathetic when he is offered an activity. The attendance records are better than that of most industrial workers and major illnesses are rare.

Chapter VI

TRAVEL TRAINING

Perhaps no other phase of program has elicited such differences in interpretation of the goals of the Occupation Day Center as has the training in travel. Parents as well as professional staff who accept without question such concepts as "developing maximum potential," "decreasing dependence," and "developing adult attitudes" may sincerely differ on the specific boundaries of independent activity for each trainee. There is no disagreement on objective facts - on whether or not a skill is present or lacking. Disagreement does occur on the question of the feasibility of developing the skill. Is the specific lack of ability an inevitable consequence of retardation or is it a result of defects in education? External restrictions that had been imposed on some trainees as necessary conditions of adaptation to a family situation result in ingrained patterns of behavior that are interpreted as natural results of the intellectual deficit. It becomes difficult to distinguish between the incapacity that results from inadequate training, from specific prohibitions, or from mental deficiency. Training programs should attempt to make these distinctions.

One of the factors that distinguished the populations of the Occupation Day Center and the Sheltered Workshop was the different expectations of traveling to each of the programs. From the very first contact with a prospective client the Workshop makes it explicit that the trainee will be expected to learn to travel alone. Although the agency assists in training, where necessary, no transportation is provided and the parent has the major responsibility of arranging daily attendance. With rare exceptions the Workshop population has successfully met these expectations and has mastered those difficulties that have occurred. The Occupation Day Center does not set similar conditions on admission. Since the inception of the program, bus service was chartered to pick up and deliver trainees to each of the boroughs. The need for this service was apparent from intake material which indicated that only 9 admissions of the total of 83 were able to make the trip independently.

The successful travel experiences of an analogous group of retardates in the Sheltered Workshop as well as the example of a small minority of Occupation Day Center trainees, suggested the possibility of extending this form of training to a larger number of severely retarded adults. The extension of training to this area has very practical as well as theoretical interest. It need hardly be stressed that mobility within an ever widening environment is an important aspect of independent living. When retarded persons are dependent on adult assistance for locomotion beyond the immediate vicinity of their homes, their range of possible activities becomes very restricted and enforced isolation becomes the rule. Programs that depend on parental responsibility for transportation have had limited success and frequently result in actual hardship to the responsible adult. The arrangement for a commercial service is disproportionately expensive in terms of total budget and creates constant administrative difficulties in scheduling.

These self-evident advantages of independent travel had been rejected as unfeasible by the overwhelming majority of parents. Except for a handful of applicants, no trainees had been permitted to use any form of public transportation except in the company of a responsible adult. Many parents indicated, by their responses to questioning in this area, that they considered the whole discussion inappropriate. There was a suggestion that the Staff was naive in its failure to appreciate the full significance of severe retardation.

Before implementing any program of travel instruction a change in parental attitudes was required. A group of eight candidates exhibiting the most optimistic characteristics was selected by staff decision and their parents were individually contacted to win both permission and approval. Previous experiences had shown them to range from passive co-operators to enthusiastic supporters of the program but on this issue there appeared a generalized resistance. The stated objections ran through a wide gamut of fears. Some of the common anxieties expressed by parents were:

1. Fear of sexual molestation.
2. Getting lost.
3. Physical defects that would be affected by crowds.
4. People would make fun of them.
5. Helplessness in any emergency situation.
6. Inability to learn because of illiteracy, inattentiveness, etc.
7. Precarious health of mother would be affected by this added source of worry.

As an undertone to all other objections was the implication that the proposed training was an unnecessary complication of a transportation arrangement that was functioning adequately and was in no need of radical change. A series of group sessions was arranged between the social worker and a sample of parents whose children had been selected for training. A free expression of anxieties did not need to be encouraged and there was some resistance to consideration of the anticipated positive effects of self-travel. Parents were reluctant to accept this skill as an important factor in building their children's self-esteem through a difficult achievement. At the same time there was a feeling of surprised pride that Staff should feel so much confidence in their child's ability. At the termination of the group discussions there remained an unresolved ambivalence between objectively justifiable fears and the realization that traveling was potentially valuable in developing greater emotional independence. Although the group sessions succeeded in clarifying the Staff's attitudes they also had the less favorable result of reinforcing the parent's objections. At the termination of the group sessions there was no general approval by the parents for instituting the training program.

To break this impasse, a single trainee was carefully selected as a test subject. Not only was he a likely candidate in terms of social maturity and emotional readiness but his parents were socially influential and ready to accept the judgment of the Staff. A procedure was developed for him that has since been extended to all other candidates for training.

1. An individual member of staff was assigned as a personal tutor to accompany the trainee from and to his home by the most suitable public transportation.

2. The staff member assumed responsibility for the safety of the trainee.

3. Assurances were given to the parents that self-travel would not be permitted until mastery of the route was perfected.

The eventual success of this trainee had the anticipated result. His own excitement and sense of achievement was accompanied by appropriate boasting and self-advertisement. This was not only communicated to his peers, but, very quickly, to a large circle of parents. Many members of the parent group realistically appraised their own children in comparison with the successful trainee and felt them no less able.

Staff members were asked to submit anecdotal records and observations on their experiences and some quotations are being included to illustrate the process.

Case of Bill L. Mongoloid Age 24 IQ 42

October 4 - "Bill and I left the Center at approximately 3:30 PM on Tuesday. Bill's excitement was quite apparent as we walked along 3rd Ave., and he said something to the effect: "Imagine us - traveling all alone." I assured him that traveling in New York City is actually little different from traveling about his neighborhood, and that the experience would become quite natural and commonplace to him after he had learned the route. As we approached the first intersection, I could sense his yielding to my lead, so that I had to encourage him to make a decision concerning the color of the light and the general condition of oncoming traffic - "Should we advance or hold our ground?" "What does the light imply?" He carefully determined that it was safe to cross, and so we did. At the next intersection he again waited for my move, and I again left the decision clearly to him. As we waited for the light to change, he pointed disapprovingly at those pedestrians tacking through the passing stream of traffic. "Jaywalkers," he said. I agreed. Proceeding further down the avenue, I suggested that perhaps he could advise me, at subsequent intersections, when it was "safe" to cross. He did so, and it seemed, quite effectively and with good judgment. In fact, so seriously had he taken his new responsibility that I found him prodding me through the subway turnstile, and even ushering me through the door of the subway itself.

"On the train Bill conducted himself very well. I tried to make the name of the train, 4th Ave. Local, quite explicit, repeating it several times. At last, he was able to return to me a reasonable facsimile: "Fourth Local." I was careful to tell him each "named" stop that we made, ex. "Cortland St., Wall St.," etc., since he was unable to read the platform signs. However, the numerical stops, 36th St., 48th St., etc., he was readily able to identify.

The trip is a rather long and tedious one, so that eventually he began to doze. When I called his attention to this, he assured me that the deceleration of the train as it came to each stop would awaken him. I took this with a grain of salt.

"From the 77th St. Station to his home Bill took the lead entirely. I am fully convinced that he is able to make his way around his neighborhood."

October 5 - "Today, along the route to the BMT station, Bill was able to make an important directional identification: "We turn here at the frankfurter stand." While we were standing on the subway platform, I made it clear that his train, the Fourth Ave. local, has two identifying green lights. He seemed convinced. Enroute to Brooklyn, I noticed that Bill was still dozing, as on the first day. I am convinced that he is able to make his way alone from the station to his home. His mother agrees."

Case of Ned L. (together with Bill L.) IQ 19 Age 38

Dec. 9 - "Our first real difficulty was encountered at the turnstiles. Gloves, lunch boxes, and shopping bags were a problem. Bill went through the turnstile and suddenly discovered that he had left his lunch box on the other side. Ned, gloves in mouth, tried to force his way through the turnstile next to the one into which he had placed his token. Regaining his wind, and re-fixing his gloves firmly between his teeth, he made another assault. Bill, in the meantime, had charged back into a block of commuters, determined to retrieve his lunch box. Ned was still plugging away at the inactivated turnstile, when I reached him. Had I not redirected him, he might still be there. Bill finally emerged triumphant, waving his lunch box."

Case of Joe P. Mongoloid IQ 38 Age 21

Jan. 17 - "Before we left, I called Mrs. P. to check with her on whether she would be home when Joe got there. She was very friendly and told me not to bother taking him to the house. She suggested I let him off at the station and he would be able to walk home by himself without difficulty. This is, I think, a move forward for her. On Monday she had called Mr. Cortazzo and voiced many trepidations regarding his ability to travel. She told him she had been so upset over the weekend that she had to go to her doctor for her hypertension."

Jan. 18 - "Joe shows increasing confidence on his trips home. He is able to identify his station and go home by himself. Some difficulty at making the change at 14th St. seems to be in evidence. Train demeanor is good. He walks to the station by himself and waits for me. Appearance seems to have improved. He is dressed more appropriately; is very friendly whenever he sees me."

Jan. 27 - "Joe exclaimed aloud that the train that came in was his (there is only one train running that track). We both stood - Joe kept facing away from the side of the train on which the doors would open at 14th St. (Joe should be taught to face the correct side for the stations of change and exit.) Just before the doors closed I told him to get off."

Jan. 31 - "Joe walks to the station, buys a token and waits for me inside. I am taking Andy on his first trip. Makes the change at 14th St. and seems to be able to identify his train. Behavior on the train is a bit rowdy as he pushes Andy around. He is now the experienced traveler and he treats Andy with some rough contempt because Andy does not know where to change. Once on the train, however, he sits quietly across from Andy. He gets off at his stop and waves to me as he leaves. There is little doubt that he is able to anticipate his station."

Case of Joan K. **Mongoloid** **IQ 52** **Age 28**

Feb. 14 - "Mrs. K. told me that she doesn't like Joan going home by subway because of the "trashy" people who travel that train. When I commended Joan on being so wide awake, and outgoing, Mrs. K. said that Joan used to be very shy but the Occupation Day Center helped her to change. She was not happy about Joan being in the travel program. Joan said something to the effect to her mother that, "See, you don't have to be so worried." She enjoyed the whole trip home."

Case of Sophie B. **Tuberous Sclerosis** **IQ 41** **Age 22**

Apr. 11 - "She showed me her room, which was very neat. Mother said that Sophie cared for it herself. She has 2 large dolls and other small ones in the room. Sophie told her father that she now travels the same way that he does when he works (is now unemployed). He expressed doubts about her traveling, fearing that she would get lost and ride the trains all night. I tried to reassure him that we teach the trainees what to do in emergencies.

Apr. 12 - Sophie was met by instructor at her home. We had an uneventful trip to the Center. On the return trip, I followed Sophie to her home. She was not as happy as she had been the day before - wanted to ride the bus again. It was arranged with her mother that Sophie was to meet me at the station the following morning.

Apr. 13 - Mother called and said that Sophie would not go to the Center today because of inclement weather.

Apr. 14 - Mother called this morning and said that Sophie was happy about meeting me this morning at the station and would come alone. She arrived at the station, with her mother, in a very unhappy frame of mind. Upon questioning her, I found out that she had had a fight with her father who called her a "dummy" and said it would take 6 months for her to learn to travel.

Apr. 18 - Sophie arrived at the Avenue "P" station alone. She was instructed to be on the lookout for Delancey St. as a signal that the next station would be the one she needed. She was so pleased with herself that she took to looking at everything and everybody and so missed the station. We overrode 2nd Ave. This was pointed out to her. We got off at the next station, went back to Delancey St. and she was shown how to prepare for the next stop."

Case of Charles S. Brain Damaged IQ 47 Age 29

Oct. 31 - "His mother came and she asked who I was and I told her. She said, "No, I just won't have it." And then she started to tell me about what had happened the last time - that somebody had gone home with him and how he got into all kinds of trouble. Only the fact that he knew the way to go, helped him to get home alone.

She kept talking to me of how there was nothing really wrong with Charles, just that he had a cerebral palsy condition and that he had a tendency to black out. She said, "I know he knows how to go but I just can't see sending him since he might black out and he will be sort of blind; people will bump into him and what will they think?"

Case of Ricky M. Brain Injured IQ 34 Age 23

May 7 - "I called Mrs. M. this morning to arrange for Ricky's learning to travel. Mrs. M. was very worried about his ability to travel to and from the Center and she pleaded with me to delay the completion of the travel training until the fall. I told her that I had been assigned by the director to assist Ricky in traveling and that the decision had been a staff decision after a careful consideration of Ricky's capabilities. She then complained about Ricky's possible inability to get the bus that would take him to the subway station, stating that her health was bad and that she would have to walk to the bus stop with him to be sure that he got on the bus. Finally, with obvious reluctance, she agreed to accompany him to the bus and to instruct him to meet me at the subway station at 170th Street.

May 8 - "This morning when I called, Mrs. M. seemed less anxious and agreed that Ricky needed no assistance in making the bus trip to the subway station. She wanted some reassurance regarding the subway ride itself and I told her that I felt confident that he would be able to make the trip both ways in a relatively short time."

May 9 - "Mrs. M. was almost chipper when I called this morning to arrange for my morning meeting with Ricky. She told me that he had told her proudly that he had gone to the Center by himself from the Astor Place station and went on to say that she was sure that Ricky knew the way, was happy to be traveling, and assured me that in spite of her own anxiety she would try to assist us in completing the travel training successfully. We arranged for Ricky to meet me on the train platform (up until now I had been meeting him at the turnstile."

May 10 - "Mrs. M. now anticipates my calls in the morning and is very pleasant when she speaks to me. She tells me that Ricky keeps her informed about his progress in traveling, and she is pleased because he is so happy with the prospect of self-travel. I inform her that Ricky really could make the trip by himself at this point but that we are continuing with him to make doubly sure that he will make no mistakes."

May 11 - "I called Mrs. M. this morning and suggested to her that Ricky make the trip by himself this morning. All her fears were instantly revived and she expressed great concern but stated that she would be willing to allow him to try it if he were willing to go. I spoke to Ricky and he seemed extremely frightened, as though he were reflecting his mother's concern. Since I was not scheduled to go downtown, I was reluctant to make the trip but because both mother and son seemed so anxious I decided to accompany him and let it be known that I expected him to make the trip solo on Monday.

Ricky was waiting for me at the train platform when I arrived. I told him that I would go part way with him and then return home. I sat at the far end of the train, got off at Grand Central and reminded him to change at 14th Street. I got back in the next car, watched him change at 14th Street, and went back uptown. When I arrived home I called the Center and learned that he arrived without incident.

May 14 - "This morning both Ricky and Mrs. M. agreed that he make his solo run. I spoke to Ricky, reminded him to change at 14th Street, told him to be sure to carry his ID card and a dime for a telephone call in case he had to make one, and wished him good luck. Mrs. M., with quavering voice, expressed the hope that nothing would happen.

At about 11 o'clock, Mrs. M. called to ask if Ricky had arrived. When I checked I learned that he hadn't arrived yet. As soon as I informed her that he was not yet here, she paniced and demanded that we try to find him. Then she told me that she had a medical appointment and would call back in a half hour or so. I assured her that I believed Ricky could handle any emergency he was likely to meet and that I would go out to look for him. She sounded almost hysterical and I got the feeling that if Ricky were to get lost for a couple of hours she would demand that the travel program be called off.

I walked up Third Avenue looking for Ricky and saw him at Cooper Union waiting for the light to change. The light changed from red to green several times, but Ricky seemed afraid to cross the street. I joined him and accompanied him across the street and we walked to the Center together. A bit later when Mrs. M. called back and was tremendously relieved to learn that Ricky was safely at the Center she informed me that he is extremely cautious at heavy traffic and will wait for up to an hour for traffic to thin out even though he has the right of way. I discussed this problem with Ricky and tried to make him understand that it is safe to cross the street if you have the light even though the traffic behind the light is very heavy."

May 15 - "Louis' mother told how uneasy she felt and asked for assurance that Louis would be escorted by instructor as long as he needed one and that she would be notified before he made the trip by himself. She asked the route Louis was taking and felt better when told there was no choice of trains going home. She kept repeating how worried she was.

Since it was first trip, instructor had to work out cues en route for Louis to identify.

May 15 - Trip Home - "Louis didn't know 7th Ave., the station where he had to stand up. He needs much more practice on the subway system and with cards at the Center. He has sight out of one eye only and if the station cue is not in the right position he cannot see it or if it is some distance away he cannot see it.

The change of trains was good, but Louis failed to recognize his own station maybe because he was in a poor position visually or perhaps because I was not standing along side of him. At any rate, he must have more practice and he won't be ready for a long while.

May 16 - Trip to Center - "Louis didn't know the downtown entrance even though I had shown it to him yesterday and even though it's right across the street from his house. He was not able to see 66th St. station even with a card in his hand. That station is the cue for him to stand up and get off at next stop - 59th St. At 59th St. he was shown which stairway to take, where to stand on station and the "D" train which he was to take. There seemed no association with having done this yesterday - as if it were all entirely new. He was not able to recognize West 4th St. with a card in his hand. That's his cue to stand up for two stations. As stated in previous report, a lot more work is needed.

May 16 - Trip Home - "This trip was somewhat successful in that he recognized 7th Ave. and 103rd Street, but he didn't know what to do at those moments. I had to go over with him the procedure of standing close to the door so he would be ready to get off at the next stop. Right now he needs to see the instructor and have the cards in his hand - both for security. He is very unsure of himself but he will gain confidence when he acquires the skills of traveling.

May 17 - Trip to Center - "Louis needs a strong structure in traveling. He should stand on the same side of the train all the time so that the cues are constant. He should carry his cards and he should go over the exact procedure verbally before he makes the trip.

He will need about another week of traveling practice."

May 18 - Trip to Center - "Louis met the instructor in the station. He had not given his mother the note telling her of this arrangement and it was only when she transferred things from his pocket that she found it. She followed him to the station to see if he knew the way (it's across the street from his house).

Today Louis recognized 66th St., stood near the door, but again couldn't get off at 59th St. without being told by the instructor. The rest of the trip went well. He seemed to know the "D" train, recognized West 4th St. but as usual couldn't get off at 2nd Ave. He started walking in the wrong direction even though the stairway he needed was a few feet away. He had to be directed to it. From there he went straight to Center."

These lengthy excerpts from the anecdotal reports prepared by the instructors indicate the variety of problems and the need for highly individualized training. Some generalizations that apply to all trainees who need this instruction may be categorized under the following headings:

1. Reducing parental anxiety by constant reassurance of personal safety through close supervision by a staff member.

2. Reinforcement of reluctant approval through sharing with the parent each instance of successful achievement.

3. Reducing trainee's anxiety by verbal reassurance and direct assistance as long as it seems necessary. Rewarding partial successes by praise and the final achievement by a "diploma" presented in public to the applause of peers (see Figure 1).

4. The training process must be attuned to the slow acquisition of cues that have relevance for the trainee. Appropriate landmarks (i. e. "colored lights," "furniture store," "A. & P.," "hot-dog stand") must be substituted for printed signs. The most limited literacy may be utilized even when it involves only initial letters or numerical designations.

5. Special difficulties such as pushing through turnstiles, inattentiveness, lack of ability to identify coins, etc., must be overcome through special tutoring.

Figure I

OCCUPATION DAY CENTER

CERTIFICATE OF MERIT

We, the faculty of the Occupation Day Center, proudly award
______________________________ on ____________________
with this certificate of merit for successfully completing the traveling program.

OCCUPATION DAY CENTER

Director

The relationship of intelligence to travel

It is recognized that there is an imperfect correlation between social maturity, as evidenced by such skills as traveling, and measured intelligence, but it is expected that these factors will be positively related. An examination of these relationships for the Occupation Day Center clientele reveals some suggestive evidence.

Of the nine trainees who were able to travel to the Center at the time of their admission, or shortly afterwards, none had an IQ below 41. The range of IQ's for this group was from 41 to 65 with a mean IQ of 49. Most of the individuals in this group constituted the upper intellectual level of the Occupation Day Center. Many of them have subsequently been transferred to facilities better suited to their needs and one of them is currently employed as a messenger after more extensive training in the Sheltered Workshop.

At the same time, another group of 10 different trainees who fell in the IQ range over 40 had not been taught to travel by their parents and required instruction by Staff. Some non-intellective factors influencing this deficiency in skill will be discussed below.

It seems more than a coincidence that not a single trainee who scored below 40 on the Stanford-Binet had been taught by parents to travel independently before admission to the Center.

Of the current population of 60 trainees, 36 individuals (60%) are able to use some form of public transportation to reach the Center and do not require adult supervision. The range of IQ's for the"travelers" is between 20 and 52 with a mean of 37.8. The same percentage of the total population during the three year period (50 out of a total of 83) achieved independence in traveling. The IQ range for the total group was between 20 and 65 with a mean of 43.8. (The higher average IQ for the latter group reflects the weight of a group of trainees who were later transferred to sheltered workshops.)

In comparison with the "travelers," 24 trainees (40% of the current population) still require the use of chartered buses to transport them to and from the Center. The IQ's for the "non-travelers" range from 17 to 44 with a mean of 27.6. The average difference in IQ between the present population of "travelers" and "non-travelers" is slightly greater than 10 points.

A statistical test for the significance of the difference between average IQ's of the two groups yields a "t" of 2.69 which is significant at the .01 level of confidence.

A summary of the differences between the groups is presented in Table 16.

Table 16

IQ Differences between "Travelers" and "Non-Travelers" After Training

N = 60 (currently in attendance)

	Travelers	Non-Travelers
N	36	24
% of Total	60%	40%
Range	20 - 52	17 - 44
Mean	37.8	27.6

Difference between Means	10.2
"t" test	2.69
Significance	P = .01

It seems warranted, on the basis of the available data, to conclude that there is a highly significant relationship between intelligence and the ability to benefit from travel instruction. This ability is frequently recognized by parents who act on their own judgment without benefit of a test score.

Two other factors seem equally evident. The success of the travel training program with many trainees who had not previously mastered this skill suggests that parents and other authorities have overestimated the intellectual level at which such training is feasible. The other variable that seems to be a critical factor is the attitude of the parent. That this attitude is based on more than fear is suggested by some of the responses to the program.

Self-Travel and Mongolism

A survey of travel skills conducted at the inception of the training program revealed that of the 9 trainees able to travel only one was diagnosed as mongoloid. (This case had a measured IQ of 65 and was subsequently transferred to the Sheltered Workshop.) Since mongoloids constituted exactly one-third of the total population, it appeared that they were disproportionately low in this skill. Because this finding could be explained by a possible difference in intelligence, a comparison of the mongoloid and non-mongoloid "travelers" was made. The data reveals that 7 mongoloids were in the same IQ range as the "self-travelers," i.e. over 41. Of the total of 10 "non-travelers" in this IQ range, 7 were mongoloid, and only 3 were in other diagnostic categories. The difference in travel skills between the mongoloid and non-mongoloid groups was evidently not based on intellectual differences. It is more tenable to posit a strong tendency on the part of parents of mongoloid children to restrict their independent activity beyond that of parents of equally retarded non-mongols. In this area, as well as in others, it seems that the overt physical stigmata contribute to social restrictions and deter adaptive behavior.

The travel training program demonstrated that this deficiency in adaptation to community life was not irreversible. Of the 32 mongols enrolled in the Occupation Day Center during its three years of operation, 18 (56%) were successfully taught to travel.

The following table recapitulates the data before and after the inception of the travel training program for retardates with IQ's above 40.

Table 17

Ability to Travel of Trainees with IQ's Over 40 Before and After Formal Training

	Non-Mongol		Mongol	
	Before	After	Before	After
Travels	8	9	1	7
Non-Travel	4	3	7	1
Total	12	12	8	8

Despite the optimistic results of the travel training program there remains a residue of approximately 40% for whom this training is inappropriate. The following factors prevent success in traveling for 24 trainees.

1. The profoundly retarded, generally with IQ's below 30, who have limited speech and striking incompetence in most other functions. N = 14.

2. Severe seizure cases. N = 2.

3. Adamant parental refusal to permit self-travel. A number of trainees who have mastered travel skills are denied permission by parents to use public facilities. N = 6.

4. Withdrawn from self-travel after successful training because of socially unacceptable incidents in the subway. N = 2.

Chapter VII

GROOMING AND SELF CARE

The grooming program in the Occupation Day Center has two major goals. 1. It attempts to develop a consciousness of appropriate appearance so that, to the greatest possible extent, the retarded adult will not look overtly "different" from other persons in the community. 2. It aims to promote the development of specific skills which will lessen the dependency of the trainee on his parents by reducing the number of occasions on which he requires adult intervention. The trainees are only partially able to control the events leading to these goals. They are limited in their freedom to select or purchase clothes and their judgment on matters of taste in clothes may be highly questionable. To be effective, a grooming program directed at generally improved appearance must, of necessity, involve the parents.

It is difficult to explain why devoted parents who are conscientious about their roles seem more careless in this function than they are in most others. The same mother who will exaggerate details of health and diet, who will emphasize reading and speech, will be unconcerned about appearance. Staff observations have indicated a carelessness in the supervision of haircuts, bathing, application of make-up and other essentials of personal hygiene. Trainees are dressed inappropriately for their age. Retardates in their mid-twenties are sometimes restricted to clothing customarily worn by teen-agers. Clothing is used as long as it is serviceable with little regard for taste or the need for seasonable variations. The first breath of cold weather brings out headgear suited for arctic conditions with ear-flaps continued into the spring. Conversely, white saddle shoes may be worn throughout the winter if the soles remain untorn. The men's shirts and ties seem to consist of Christmas gifts rejected by others because they were too garish. Young women will often wear shoes and bobby-sox that would be dismissed as "childish" by junior high school girls. Most hair styling is directed at practicality rather than good appearance. The parents seem motivated by functionalism rather than taste and it is unlikely that they would be equally negligent in selecting clothes for their normal children.

An unverifiable assumption made by a member of staff is that the parents are unconsciously trying to preserve a childlike appearance that more closely conforms to the mental age of their children. Another hypothesis suggested is that the unattractive appearance is found acceptable because it helps to prevent sexual molestation, especially for the young women. Although good grooming is commonly neglected in the home, many parents are extremely responsive to interests and enthusiasms expressed by their retarded children. They are likely to be influenced by suggestions for change which come from the trainee.

The Occupation Day Center developed a two phase method to modify the most pronounced deficiencies in grooming. Each instructor prepared an individual report for each trainee on those items of attire they felt were in need of change and these lists were sent to the home. Included in each report were specific aspects of personal hygiene that were being neglected. Parents responded to these suggestions by telephoning the instructors for more detailed discussions. Two or three concrete items in need of change were stressed and usually resulted in improvements. Some examples of topics discussed with parents included the need for a brassiere, methods of holding up stockings, the need for discrimination in the selection of shirts and ties, shortening slips, discontinuance of child-like ornaments, changes in shoes and hats, etc. There were also the more common reminders about bathing, haircuts, more frequent changes of clothing and other elements of personal hygiene.

Simultaneously with the parent activity, a program was fostered to develop interest and enthusiasm among the trainees. For a period of time there was a daily discussion of "how to look nice" with object lessons of good and bad dress exemplified in each group. Impromptu "fashion shows" in which each trainee acted as a model became rewarding occasions that reinforced favorable changes. A number of gala fashion shows involving all the trainees were also organized.

The preparation of one of these "shows" extended over a three week period with time set aside each day for its planning. Two groups cooperated under the direction of both instructors. At joint meetings of the groups during the first week of preparation committees were elected to provide a special duty for each trainee. The committees included Refreshments, Invitations, Program, Music, Set-Up and Clean-Up. Two announcers for the program were also elected. A general decision determined that the appropriate dress for the Show would be suits, white shirts and ties for the men and "party" dresses for the young women.

During the following two weeks, invitations were prepared and rehearsals were held. Posture, gait and grace were practiced under supervision. On the day of the Show there was a distinctive air of excitement and concern. The selected committees purchased refreshments and set up the decorations. There was a final dress rehearsal in the morning and last minute repairs on hair-dos and bow ties.

While the participating trainees lined up in the hallway, the audience of the three remaining groups, the staff and a few visitors took their seats. The participants were announced by couples and each pair walked down a central aisle towards the rear of the assembly. The special nature of the event had occasioned real transformations and the applause from staff was a genuine tribute to the improved appearance that it had been possible to achieve.

The emphasis on improved appearance does not ordinarily require such elaborate arrangements as the incident described above. Less dramatic reminders and brief discussions are effective in keeping the trainee aware of the objective and transferring this awareness to the home.

The Social Worker's notes after a regular interview with one parent suggests the values of this programming.

> "Mrs. R. is happy that, at last, she sees that Laura is 'growing up.' Laura's growing independence is noted by her in the way Laura takes initiative to

> change her underwear every day, wants to take a bath each night, and cares for this except for the ears, neck and back washing. (Mrs. R. does not trust Laura to do a good job.) Laura is becoming clothes conscious, wants to wear a different dress each day, of her own selection..."

In another instance, where a trainee had a long history of a fear of water and where bathing had become an area of conflict, the staff involved the mother in an organized campaign. Each bath was rewarded with appropriate commendation both in the home and the Center and almost daily letters were transmitted by the young man himself. Some sample messages from the mother are quoted:

> Mar. 14, ____
>
> "Rudy took his bath last night with very little persuasion on our part. I would be happy if he only took two baths a week. But he washed himself every morning which he does not want to do. I would like to see him brush his teeth too. But he just will not do. Also tell Miss Levine that he has been tying his shoes himself only when he had about four knots in the shoelace that he asked me for help. Thanks for the cooperation."
>
> Apr. 23, ____
>
> "Rudy has bathed yesterday morning. Otherwise he wouldn't be allowed at the table. But he is driving us mad with his shoes again. He just refuses to tie them himself. And if we refuse he starts using such bad language that I do it so that the small children don't repeat it. Please speak to him about it."

Training for Self-Care

"Self-Care" is not a very specific concept and obviously refers to quite different functions at different chronological ages during the maturation of children. Its definition is equally fluid when it is applied to retarded adults. Levels of expectation range from a low of self-toileting, buttoning clothes and washing hands to a high of elaborate hair-styling and the exercise of free choice in the selection of clothes. A narrower range of possibilities is to be expected from trainees in the Occupation Day Center. For every admitted trainee there was an awareness of some deficiency in self-care functions and the possibility for improvement.

A hierarchy of skills was prepared in list form for purposes of systematic observation by Staff and interviews with parents included questions about daily procedures that were observable only in the home. Many activities of daily living were artificially transferred to the Occupation Day Center so they could be more carefully observed and practiced. Brushing teeth and shaving are examples of such activities normally restricted to the home but were brought into the daily program.

The care of the person involves so many small details that it would be redundant to attempt a detailed description of each item. The following list is suggestive of some of the specific points that were dealt with over a period of years: bathing, menstrual care, brushing teeth, shaving, brushing hair, use of cosmetics, posture, cleanliness of underwear and outer clothing, neatness, shining shoes, hanging clothes, fastening clothes, etc.

Some indication of the relatively slow progress is evident from the responses of the parents in two consecutive years of the annual structured interview. Answers to the questions "To what extent do you assist your child in dressing" were tabulated for April 1961 and April 1962 with the results indicated in Table 18.

Table 18

Parent's Help in Dressing

Item	April 1961	April 1962
Help put on undergarments	4	0
Button dress or trousers	12	9
Fixing necktie or bow	42	29
Select clothing for day	15	25
No help needed	13	19
Tie shoelaces	23	25

Somewhat different numbers of people are represented in each of the two years, but, with only a few changes, the population is essentially the same. Some successes in training are evident. The four trainees who needed help in putting on their underwear in 1961 learned to do so during the year; 3 fewer trainees needed help in buttoning and six additional trainees reached complete independence in dressing.

There was a substantial increase in the number of parents who participated in selecting the clothing for the day and this may represent one result of the increased awareness of the parents to the grooming campaign conducted during the year.

Parents were also asked "Have there been any changes in this area since your child started at the Occupation Day Center?" The open-ended question elicited responses that were later tabulated into categories of Better, Same or Worse, with the following findings.

Table 19

Changes in Self-Care in Dressing

	1961	1962
Better	22	34
Same	33	23
Worse	0	0

Although 22 trainees were reported as "better" after the first year of the program, 33 others showed no noticeable improvement at home. The continued emphasis on this training for a second year indicated a cumulative effect. Twelve additional trainees were added to the "better" column in April 1962. In no case did a parent consider that the trainee had worsened. This comment has some significance in view of the frequent reports of regression of severely retarded adults who are removed from organized programs in schools to the relative isolation of the home.

Only one item in Table 18 showed a complete lack of development. Not a single trainee had improved in tying his shoelaces during a calendar year. When the findings were reviewed by staff it became apparent that no instructors had spent any time in teaching this specific skill. Any improvement would have been spontaneous and was not to be expected.

An extensive drive was instituted to remedy this deficiency. A collection of a dozen assorted shoes was shellaced and made available for instructional purposes. In small groups permitting individual tutoring instructors were asked to concentrate on this isolated aspect of self-care. A criterion of perfect performance was defined and records were kept of the number of hours of tutored practice that was required. By the end of the report period it was found that 15 of the 25 "non-tyers" had mastered the skill. The average time required to teach each of the successful cases was 18 1/2 hours per person. The quickest success came at the end of 2 1/2 hours and the slowest learner required 43 hours of instruction. Further teaching of shoelace tying has been abandoned for the ten remaining cases.

The instruction in shaving offers another illustration of the self-care program in the Occupation Day Center. Of the 35 male trainees who were enrolled only 12 were able to shave themselves at the time of admission. A special questionnaire was sent to the home of each male and data was collected on who took major responsibility and the type of instrument used. The non-shavers were organized into groups of five each for purposes of instruction. A "shaving bar" with electric outlets for five shaving instruments and sufficient mirrors was installed in one of the rooms. The required skills were taught through group and individual instruction. During this period trainees were advised not to shave at home. It became necessary to add care of the instrument to the course of instruction because the initial repair and replacement bills became high.

At the end of the formal period of training 27 trainees had achieved "adequate" mastery while 8 were considered still "inadequate." In a number of instances the families have failed to supply the necessary equipment in the home and those trainees who do not own electric equipment are encouraged to continue to use the supplies in the Center. Periodic reinforcement has continued and unshaven trainees are requested to make use of the "shaving bar" before starting the day's activities.

The experiences with the grooming and self-care programs indicate that gains dependent on the development of specific sets of skills take place slowly and may require a number of years before the changes are apparent. Improvements that can be arranged through the parents' influence may occur with dramatic suddenness if they are made aware of the problem. It also seems clear that the total grooming program has no logical termination and may be expanded indefinitely for this population. The staff must be aware of the need for setting individual goals and of the need for extending objectives to more ambitious ones as initial skills are mastered.

Chapter VIII

ORIENTATION TO THE COMMUNITY

The life experiences of the severely retarded adult have generally been very restricted. His disability imposes limitations which narrow the boundaries of activities in the community. Another inhibiting factor is the reluctance of parents to risk exposure of the retarded person to situations that could prove embarrassing to the family group. The threat of inappropriate behavior that would call public attention to the retarded person is often enough reason to prevent a whole range of possible activities. Summer vacations are sometimes carefully planned to avoid social exposure. Cases are reported where the retarded adult has never been taken in a public conveyance or eaten in a restaurant. Patterns of family life become oriented towards hiding the disability. It is commonplace for parents to develop the rationalization that the retarded person is being protected from experiences that would prove beyond his limited competence.

As part of the general objective of improving independent functioning the Occupation Day Center developed a specific program for orienting the retarded person to his community. Obviously this part of program could not be conducted within the building and the nearby neighborhood was utilized for training and field practice. The common commercial and public service facilities in the vicinity are not uniquely different from that in other parts of New York City. All phases of this program were initially conducted on a group basis under the supervision of individual instructors. Wherever the experience resulted in the desired improvement, supervision was dropped and individual practice was substituted for group activity.

Shopping for Supplies

The conversion of the Occupation Day Center building to its present use involved some modest renovations, the acquisition of supplies and equipment, and continual housekeeping chores. Trainees were active participants in all these activities. The most typical procedure consisted of a group discussion of a need for the supplies, i. e. a shortage of coat hangers; lumber for a wallboard; paint, etc. The trainees were encouraged to suggest the type of store in which the commodity could be purchased. After a number of these discussions, specific store names were substituted for the category of store. Thus, one went to "Kamenstein's" for hardware; "Burns" for stationery, etc.

The entire group, accompanied by the instructor, went en masse, on each shopping expedition and trainees were slowly encouraged to participate in selection of the items, take them to the cashier, receive change, etc. The response of commercial personnel was generally favorable after they became familiar with the activity. At present they accept business visits from trainees in a matter-of-fact, completely natural way. There have been almost no instances of impatience, hostility or rejection by the retail businessmen in the community.

As familiarity with each type of store increased, trainees in pairs, without supervision, were permitted to go on these errands. Group purchasing tours are now restricted to gala occasions when many supplies are needed at once. A corps of "specialists" in certain types of purchasing has developed from among the trainees and they are most commonly sent to the places they "like."

Shopping for Food

While shopping for some supplies is relatively random and impossible to schedule on a regular basis, shopping for food is part of the weekly routine. As described elsewhere in this report, each group of trainees is involved in a twice-a-week food preparation program. The discussions preceding each luncheon determine the menu and the specific items that will be required. Two neighborhood supermarkets are most commonly used for these purchases.

Since the variety of food items generally exceed those for other supplies, larger groups are sent on these expeditions. Written lists are discouraged since, for this illiterate population, they would establish dependence on a stranger. Each person in the purchasing party is made responsible for one or two needed items that he must remember and select from the shelves. A communal cart is used and one trainee is designated as cashier with the responsibility for returning the change. Errors of omission or mistaken items are corrected by the supervisor in the Center and trainees are sent back to the store for exchanges. Brand-name items with distinctive labels are learned very quickly and there are rarely errors about the kind of coffee, spaghetti or soups that are purchased.

Shopping for food supplies without staff supervision is now a routine activity for 50 of the 60 enrolled trainees. Only the lowest functioning group does not regularly participate in this service without supervision.

Use of Restaurants

The weekly activity schedule provides for two luncheons each week to be eaten outside of the building. The rationale for this activity is the need to correct the deficiency of social skills of many retarded adults. The lack of adequate practice prevents the retardate from distinguishing between behavior which is appropriate in the home and that which is required in public. It is intended to provide training in the seemingly obvious skills required in eating in an environment that is neither home nor school.

The "eating out" program followed procedures that have proven successful with many special activities. The entire group, as a body, first participated under the close supervision of the instructor. This was followed by a period of group participation without the instructor, where support and guidance came from within the group. The final stage is reached when individuals or small groups of two or three feel secure in proceding on their own.

Four local cafeterias were selected for this field training because they offered a variety of service arrangements. One required a punched food check, two required ordering through a waitress, and the fourth was the Automat, a series of elaborate vending machines. Each type of restaurant needed techniques that were slightly different from each other. The specific skills in getting fed were mastered with relative ease. Such special problems as placing the coins in the slot contiguous to the desired dish in the Automat, or not ordering foods beyond the available budget were gradually overcome. More difficult to develop was the decorum required in public eating places. Externally imposed controls on shoving, loud talk and boisterous behavior had to be replaced by self-induced inhibitions. Perhaps the most significant commentary on the success of this activity was the report of one instructor that her group had reached the point where they no longer occasioned stares and whispers from the other customers in the restaurant. The criterion of success in this activity may well be a stage when the retarded person or group is indistinguishable from other people in a public setting.

The "Diner's Clubs" now include 50 trainees who eat lunch in public once a week, without staff supervision. This includes walking to and from the restaurant, ordering, and handling their own cash. As the need for intensive practice diminished it was cut down to a weekly visit in order to reduce expenses.

Walking Trips

Although no trainee had been so isolated as to prevent walking through city streets, many had been cast in the role of infants with neither responsibility nor choice in where they went. Even limited decisions or choice of alternatives was denied them and the severely retarded adult was considered functionally equivalent to the very young child. Many aspects of the Occupation Day Center program are designed to foster greater emotional security in making choices and walking trips became a useful technique in the practice of making decisions. Groups of trainees were guided through the locality by the instructors. Gradually the emphasis was diverted from mere sight-seeing to taking direction. The role of group leader was selectively rotated among different trainees who guided the rest through a series of assignments. Such tasks were requested as finding the way to the grocery, the subway station, the gymnasium and the Post Office. Learning the names of the streets they were using, finding the best route back to the Center, determining where and when it was safe to cross streets, pointing out where one would buy a Coke, a newspaper, a container of coffee, exemplify the areas of learning that were stressed. Always emphasized was the expectation that the trainee would take the lead. Mistakes in orientation were not immediately corrected and stress was placed on self-recognition of error and the assurance that mistakes could be repaired without serious consequences.

The Broader Environment

All trainees are aware of broader horizons beyond their own neighborhood or the area near the Occupation Day Center. If only through family conversation or television programs they know about other important parts of the City. Whether or not the full significance of these landmarks is recognized, it seemed valuable to develop a personal experience with them through visits as well as through explanations and discussions.

At irregular intervals groups of trainees are taken on trips that duplicate those arranged for children in the public schools. Even when our trainees had attended public schools it had been customary to avoid such trips for the special classes of "trainable" children. A number of these tours have been to typical tourist attractions such as a guided tour through the U. N. Building, the Museum of Natural History, and Rockefeller Plaza. Others have combined the trip with a recreational aim, such as visits to Central Park or the Staten Island Ferry and a picnic in Clove Lake Park. Special visits have been made to typical department stores and have combined purchasing with sightseeing. Trips to the Fulton Fish Market, the zoo and midtown walks to see Christmas preparations have also been held.

Casual observation of the relative interest in the different landmarks of the City suggests that the most practical and mundane facilities are also the most interesting. The trip to Klein's, a local department store, during a typical crowded afternoon, or the purchase of fresh fish in the market, aroused more enthusiasm than formal exhibits and historical sites.

Community Services

On a much more selective basis and with no attempt to involve the total population, some trainees have learned to use specialized facilities that exist in every community. After periods of personalized instruction there is now available a corps of trainees who can perform a variety of services required by the Occupation Day Center or by individual staff members. A number of male trainees are used as messengers to other offices and projects of the Association. There are approximately two dozen messages weekly to the Sheltered Workshop, the State, City and National Offices of the Association. On a fairly regular basis trainees are making trips to the bank for petty cash, deposits and cashing personal checks for staff. With equal regularity other trainees are used for such post-office duties as purchasing stamps, bulk mailings and parcel post.

Group trips have been made to all of these facilities and have also included the local libraries, parks and neighborhood settlement houses.

Chapter IX

REMUNERATIVE WORK

The introduction of paid work as a regular feature of program may appear to contradict a major premise around which the Day Center was organized. One important criterion for the selection of trainees is the designation of "unfeasible for vocational training." Many applicants were denied admission because they failed to meet this criterion and were considered capable of adaptation to the structured work environment of a sheltered workshop. The Occupation Day Center neither intended to duplicate the Workshop program nor to provide service to an identical population.

As with other parts of program, much of the seeming contradiction is resolved by a redefinition of terms. The ability to "work" is obviously not an all-or-nothing proposition. A level of productivity that may be considered too insignificant to record in one setting may be interpreted as highly meritorious achievement in another environment. Similar differences of attitude may be applied to the simplicity or complexity of an operation. No series of actions, routinely repeated to produce a commodity, is considered too simple to be designated as work.

Another important characteristic of the work program is the recognition that it is neither central in terms of total time devoted to it nor in its significance. It is seen as one of a series of daily activities and is not hierarchically more important than other phases of training. It was assumed that purposeful activity directed towards a goal of production has certain therapeutic value for all people and has some special qualities that would be helpful to the severely retarded adult.

The theoretical considerations prompting the utilization of production work as a therapeutic medium was based on the observable behavior of the enrolled population. It was felt that the unfinished work would provide focal points for sustained attentiveness and would help to eliminate the potency of random stimuli. The rigid structure of a work situation greatly reduces the possibility of choice or the need for making decisions. It helps to free the trainee from the conflict and anxiety that commonly occurs when he must cope with an unfamiliar situation without direction or previous experience to guide him.

Staff observations during the hours tentatively devoted to work largely confirmed the initial expectations. For all but a few trainees, these results were reported.

A. Improvement in discipline. The general noise level was reduced, as were aimless movements in the Center and excessive bids for the attention of Staff. There was less disruption of the office and professional staff for inconsequential reasons. The discipline was largely self-imposed during the work periods and did not result from increased pressure from supervisors to conform to a new standard of behavior.

B. Diminished distractibility. The completion of each unit of work seemed to act as a stimulus to start the next unit. Attention was largely concentrated on the current task and there were less scattered responses to incidental occurences. Random noises or movements in the room were largely ignored instead of becoming occasions for tangential focusing of attentiveness.

C. Improved self-directedness. There was a lessened need for frequent intervention by supervisors. Trainees were able to continue their activity for relatively long periods with only minimal supervision. They could do more for themselves with less adult direction.

D. Satisfaction with Work Activity. There was ample evidence that the trainees felt a sense of pride in the concrete evidence of achievement represented by their stacks of completed work. They were highly motivated to "do more" and showed real gratification about their accomplishments.

Even for severely retarded persons productive work is perceived as an activity fitting the role of an adult. It has a status value that is recognized as different from other parts of program and is not "kid stuff." This attitude is reinforced by both symbolic and concrete rewards. Cash payments based on piece rates are distributed each week and are occasions of great anticipation and enthusiasm. The connection between the daily records of production and the size of the pay envelope was recognized by many trainees and the hourly recording of productivity provided interim rewards between paydays. Non-material rewards in the form of praise from parents and staff, peer recognition of efficiency, and the genuine gratification of most parents who saw their children assume new and unexpected roles are unmeasurable factors in the success of the activity.

A number of subcontract operations of suitable difficulty were solicited from local industry or from the Sheltered Workshop. These included the disassembly of 150,000 units of a four-part metal assembly for salvage purposes; the lacing of 6500 window display cards; a 180,000 piece Christmas mailing for a chain of retail jewelry stores and the lacing of 125 gross of hat combs. In addition to subcontract work the trainees are involved in making decorative corsages for direct sale to florists and assembling fund-raising kits and informational packets for the Association for the Help of Retarded Children. The gross earnings for the highest single month of work was $1400.

WORK CHARACTERISTICS OF TRAINEES

From a number of subcontract operations made available to the Occupation Day Center, one was selected as suitable for studying some work characteristics of retarded adults. A sufficiently simple salvage job that could be taught in a relatively brief time was offered. It required a wing-nut to be separated from a threaded bolt and thus free a metal washer. The three disassembled units were to be placed in separate trays for eventual repackaging.

The problems selected for investigation included:

1. The relationship of productivity to IQ within the restricted range of the Center population.

2. The effect of continued practice on productivity.

3. The effect of deferred monetary incentives on production rates.

4. The effect of fatigue on productivity. This factor was also considered to be a measure of "work tolerance."

5. The effect on productivity of a long period of interruption of the task (a measure of retention).

6. It became possible to identify those trainees for whom even limited production activities were unsuitable. The characteristics of this group were to be examined.

7. Increasing interest in the adult mongoloid prompted an examination of production records of a mongoloid group with an intellectually equated non-mongoloid group.

PROCEDURE

The entire population of the Occupation Day Center was designated as Subjects for the Work Study. Groups of six trainees were seated at specially constructed tables under the supervision of a staff member. The job requirements were demonstrated and a short period of individual instruction was offered, as needed. When each member of the group met an acceptable criterion of ability to perform the disassembly and correctly sort the units he was considered ready for participation.

To meet the purposes of the Study, a 2-hour uninterrupted period of work was arranged for the 1st and 2nd days. At the beginning of the 3rd two-hour session an announcement was made promising piece-rate payment for all future work. The announcement was greeted with intense enthusiasm. Work was then permitted for an additional 2 hours. On the 4th day, after 6 hours of prior practice, two 2-hour work sessions were required in a single day. A lunch break after the first 2 hours provided a rest. The initial phase of the investigation thus covered 10 hours of productive work on this task. When all recordings and observations had been completed the materials were removed for a period of one month. They were then reintroduced for an additional two sessions on consecutive days.

The procedure may be summarized as follows:

Session 1. Two hours of work.

Session 2. Two hours of work.

Session 3. Announcement of payment for amount produced followed by two hours of work.

Session 4. Two hours of work. Lunch break. Two additional hours of work on the same day. Reminder of wages based on productivity.

Session 5. One month interval following Session 4; then, two hours of work.

Session 6. Two hours of work on day following Session 5.

Hourly rates of production for each Subject were recorded and average hourly productivity was computed.

RESULTS

A. Relationship between Productivity and IQ

Stanford-Binet IQ's were available for all Subjects as part of the screening procedure on admission. IQ's ranged from a low of 15 to a high of 52. The mean IQ of the group is 35.2.

The production data were treated by two different techniques to determine relationships with measured intelligence. A product-moment correlation between S-B IQ's and average hourly productivity was computed and resulted in a correlation coefficient of .485, significant at the .01 level.

The Subjects of the Study were then broken into the three following groups.

Group I: IQ 40 - 50. Mean IQ 42.9. N = 17.

Group II: IQ 30 - 39. Mean IQ 34.3. N = 26.

Group III: IQ 20 - 29. Mean IQ 23.7. N = 10.

Total 53

Average hourly production rates for the Subjects in each group were:

Table 20

Group Averages of Production

	Average Hourly Production	Standard Deviation
Group I	358.9	90.5
Group II	250.1	78.7
Group III	161.7	78.1

To determine the significance of the difference between the means of the groups, "t" tests were computed with the following results.

Difference between Group I and Group II - "t" = 3.67. Significant at the .001 level.

Difference between Group II and Group III - "t" = 2.24. Significant at the .05 level.

The statistical procedures confirmed each other in demonstrating a definite relationship between intelligence test scores and the number of units produced per hour.

B. Effect of Practice on Productivity

To estimate the effect of practice on productivity, the average hourly production of hours one and two was compared with the average for the most productive session.

Groups I and II were most productive in the 11th and 12th hours, the session following the lapse of one month. Group III reached its highest levels in the 7th and 8th hours.

All three groups showed a modest improvement with practice with apparently only slight differences between the groups in their percentage of increment. Group I showed a 13.8% increase; Group II increased production by 9.9% and Group III improved by 11.6%.

Analysis of the difference between rates of production at the beginning and end of the Work Study fails to reveal any statistically significant differences that may not be attributed to chance factors. When the daily production rates were charted on a graph, the results more closely approximated a straight line than the type of curve associated with experiments of learning.

In summary, the data suggests that while continued practice results in a slight tendency towards improved efficiency, this trend is not particularly notable and does not approach statistical significance. The possibility that longer periods of practice might be more effective was not investigated.

C. Monetary Incentives

The experimental design attempted to establish the relevance of monetary reward for a severely retarded population. Before starting their third day of the same task, the Subjects were informed of an arrangement whereby payment would be made for the amount produced. It was made clear that faster work would result in higher pay. Hourly counts of units produced after this announcement were recorded for each person and averages were computed.

Table 21

Production Before and After Wage Incentive

	4th hour Prior to Pay	5th hour After Pay	% 5th over 4th	6th hour After pay	% 6th over 5th
Group I	357.9	384.9	+ 7.5	355.9	- 7.5
Group II	258.9	279.9	+ 8.1	241.9	- 13.6
Group III	148.0	171.4	+ 15.5	148.3	- 13.5

The reward customarily used as an incentive for normals, money, seemed to have a salutory effect on rate of productivity. Production figures for all groups showed a momentary rise during the first hour after this reward was announced. The tempo was not maintained beyond the hour and all groups reverted to their previous levels within the two hour session.

D. Work Tolerance

Although prior observations on the same population had suggested an interest in short-lived work projects, it was uncertain how long this interest could be maintained. Such factors as boredom and fatigue might be expected to reduce efficiency after a period of time. To test this hypothesis a double work session was arranged on the third day that required the Subjects to resume work after the usual break for lunch.

The figures indicated an overall drop in productivity for the group treated as a whole. Third and fourth hour averages, for the day, were lower than first and second hours. The percentage loss of productivity was inversely related to IQ. Group I, with IQ's of 40-50, showed a non-significant increase of 3.6%. The group with IQ's between 30 and 39 dropped 4.6% while Group III, from 20 to 29 IQ, showed the least tolerance for continued activity by dropping 7.7%.

The fatigue factor was most significant for the lowest IQ group and was a negligible factor for that group which most closely approximates the trainees in the Sheltered Workshop.

E. Retention of Skills

The Work Study was interrupted after the tenth hour and the Subjects returned to other activities included in the Occupation Day Center program. After the lapse of one month, two 2-hour work sessions were again arranged under conditions identical to the initial phases of the study. One purpose of this additional condition was to investigate the extent of retention of skills. The average hourly production rate of the first ten hours was compared with the average of the four hours following the interruption. The results suggested differences in the retention of work skills among the groups.

Group I showed an increase of 2.5% while Group II increased 4.2%. Neither increase is statistically significant and probably reflects the enthusiasm for a work activity that had been popularly received.

Group III, the most retarded group of Subjects, indicated an opposite trend. This group showed a 7.4% decrease in hourly rates of production. Since this group equalled the others in verbal expressions of interest in the resumed task, the decrement may be attributed to loss of skills during the period in which there had been no practice. (See Figure 2.)

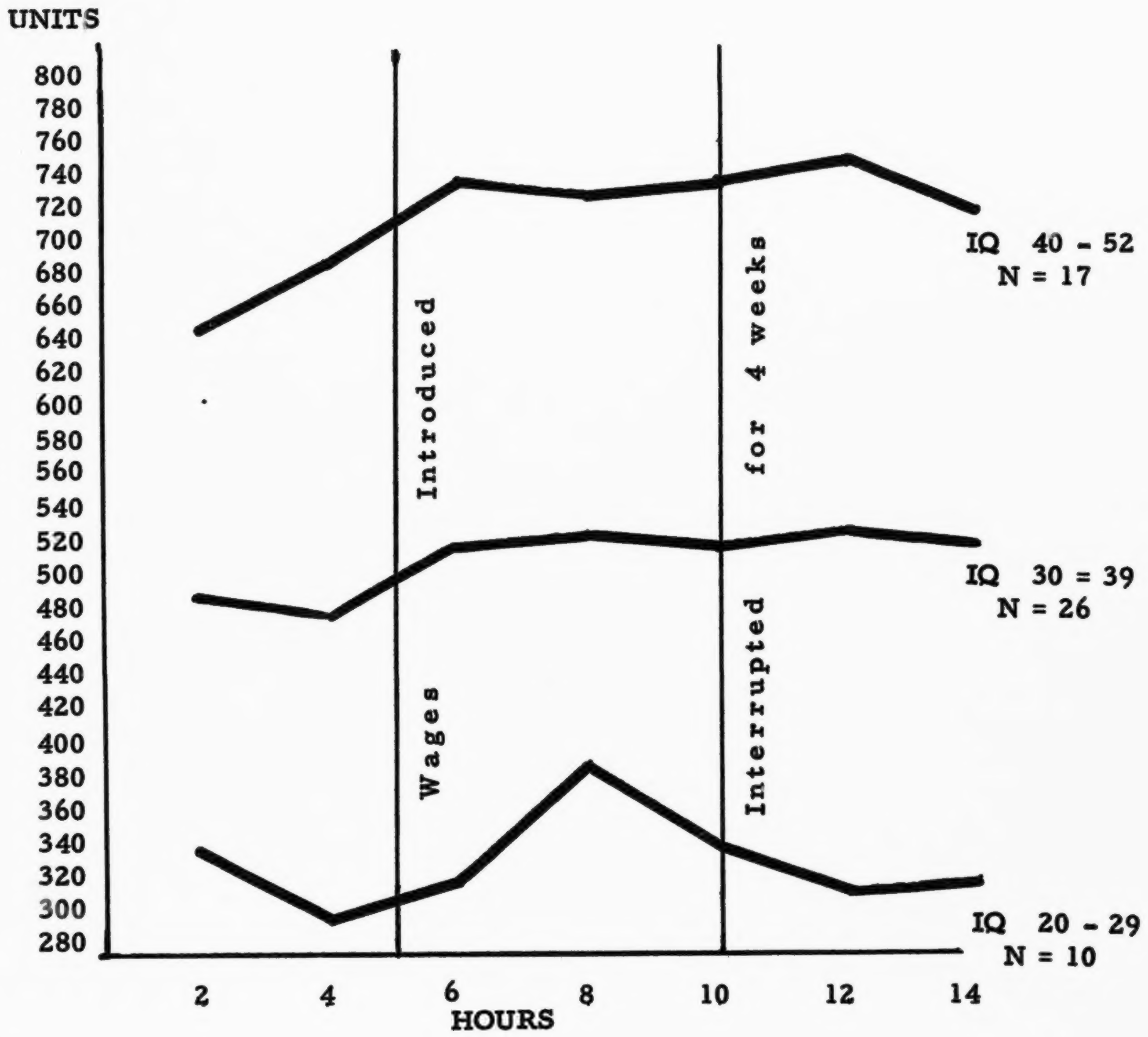
F. Subjects Excluded From the Study

Of the 59 Subjects initially involved in the Work Study, 6 had to be eliminated from all computations because they were unable to learn the task. The IQ's for this group ranged from 15 to 20 and, as might be expected, they constitute the lowest level of adaptation to all phases of the program. The 6 "untestable" Subjects remained at the work tables during the whole period of the Study but demonstrated no productivity. They either played with the materials, failed to learn the direction in which the wing-nut had to be turned in order to remove it or were unable to sort the disassembled units.

Although two other Subjects with IQ's of 20 achieved scorable production records, it appeared that an M. A. of 3 years constitutes a boundary below which such activities become unrealistic.

Figure II

Hourly Production Rates of Wing-Nut Assembly
(2 Hour Segments - Smoothed)



G. Productivity of Mongoloids as Compared to Non-mongoloids

Fifteen of the 53 Subjects included in the Work Study were diagnosed as mongoloid. A group of other retardates from the same sample was selected on the basis of closely equivalent IQ's and ages. The IQ's of the 30 cases ranged from 30 to 52. The mean IQ of the mongoloid group was 39. 9; the non-mongoloid group was 37. 4.

The average hourly production rates for each group were computed and showed:

Mongoloid average units per hour	= 275. 5
Non-mongoloid average units per hour	= 333. 2
Difference between groups	= 57. 7

An examination of the difference between means ("t" = 2. 34) indicates that the difference is statistically significant at the . 05 level. The results suggest that mongoloids, as a group, are less productive, in a continued work activity, than their intellectual peers who fall in other etiologic classifications.

SUMMARY

A limited study was conducted to investigate some characteristics of the work of severely retarded adults deemed unsuited for employment in a sheltered workshop. It was found that productivity is significantly related to measured intelligence and that an IQ of 20 constitutes an approximate limit below which work is an unsuitable activity. For all retardates able to meet the conditions of the study there was a trend towards slow improvement of efficiency that failed to reach statistical significance after 10 hours of practice. Deferred monetary incentives provided only momentary motivation for increased productivity and was not sustained beyond the first hour. Work tolerance was positively related to intellectual level with the most retarded group showing the greatest effect of boredom and fatigue. There was also a relationship between retention and intelligence. The least retarded group showed the least decrease in efficiency after a lapse of practice. Mongoloid retardates proved to be significantly less productive than their intellectual peers who fell into other categories of retardation.

Chapter X

ACADEMIC INSTRUCTION

Most clients admitted to the Center are products of years of special education where greater or lesser emphasis had been placed on instruction in the rudiments of the elementary curriculum. The relative ineffectiveness of this schooling in academic achievement is demonstrated by the fact that half of all admissions read below first grade levels and only one-fourth of the group are at or above the second grade equivalent. The mental ages of the trainees suggest that they are incapable of mastering more than the ABC and will have limited success in computing the simplest sums.

If academic instruction for the severely retarded adult is to be considered at all, it should not be from the same traditional viewpoint. The acquisition of the difficult skill of reading does not determine social competence. There are people in the community who maintain themselves independently without being able to read or write, or can do so only minimally. To the extent that academic education is introduced in a rehabilitation program of this type it should be coordinated with the rest of the program and could be subordinated to more urgent training needs. It would be an error, for instance, to defer travel training or shopping experiences until a criterion of success had been achieved in reading. Academic instruction may be cut to a minimum and, when it is introduced, should have some connection with difficulties in social adaptation.

The experiences recently reported by investigators in the rehabilitation of adult retardates in England confirms the academic goals of the Occupation Day Center. Gunzberg[1] reports that "Reading, writing, and arithmetic, the dealing with abstract symbols, which have made life a misery for the non-verbal, concrete intelligence of the subnormal, are out, or nearly so. Reading a newspaper, or a book is unimportant in his dealings with other people, but recognizing and obeying the notice "Keep out" is very important. We need to teach the illiterate only a sight vocabulary of words useful in practical situations. There are those isolated words seen on notices, forms, signboards, wage packets, etc., each of which conveys a definite message even if it is not part of a sentence. Writing letters can be avoided, but not putting a signature in the right place. No real need to be able to multiply and do divisions, but it saves embarrassment if one is able to tender the correct amount of money."

Gunzberg goes on to suggest that, for this population, "Education... must devote itself entirely to that minimum of essential knowledge which is in daily use for communication. Teaching will have to limit itself to a very narrow sector of knowledge but will have to deal with it as intensively as possible."

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1. Gunzberg, H. C. The place of further education in the Rehabilitation of the Adult Subnormal. Proceedings of the London Conference on the Scientific Study of Mental Deficiency, Vol. 1, 1962.

It may be relevant to point out that this position conflicts with the attitude of many parents. Despite years of effort, many parents are still unready to admit failure. They seem to feel that the deficiency in reading skills is in some way responsible for the mental subnormality and that if the retardate could only be taught to read, the retardation would be reduced. A sizeable porportion of parents who were interviewed listed "reading" as a major need in responding to the question, "What kinds of things would you like your child to be able to do?" This objective has also been suggested at Association meetings where extension of program was being discussed. A group of parents consistently urge the establishment of classroom procedures as part of the daily routine in the Occupation Day Center.

The program in word-recognition avoided materials typically used in the elementary instruction of young children. With goals limited to the acquisition of a limited sight vocabulary, a list was developed of those words considered useful in orientation in New York City. These words were drawn largely from signs used in transportation, common application blanks, and notices encountered in the streets and stores of the community. The extended word list contains more than the bare minimum and may be used for long range instruction of those trainees who show the ability to master it and have unlimited time in the facility. The basic list of essential words was given primary emphasis.

The teaching techniques are not uniquely different from those used in special education programs. Flash-cards, word games and blackboard drill were all utilized. Wherever possible, the word was presented in the context of its most typical background. This, real signs used in the subways of New York were the texts for such words as "exit," "men," "downtown," etc. Wall decorations that pictorially presented the setting for different words were left in place for long periods of time.

The results of this first phase of the word-recognition program is suggestive of further efforts in this direction. Table 22 lists the first 15 words of the basic list and the number of trainees who achieved success with each word.

Table 22

Success of Trainees with the Basic Word List
N = 58

Word	No. of Trainees Succeeding	Word	No. of Trainees Succeeding
1. Men	31	9. Subway	22
2. Women	30	10. Exit	27
3. Go	31	11. Bus	25
4. Stop	30	12. Age	19
5. In	28	13. Name	21
6. Out	25	14. Danger	18
7. Uptown	24	15. Police	21
8. Downtown	22		

Obviously, this skill was not uniformly distributed and trainees showed different capacities for learning the word list. Table 23 shows the number of words learned by different groups of people.

Table 23

Number of Basic Words Learned
N = 58

No. of words learned from Basic List	No. of Trainees
0	21
1	3
2	3
3	2
4	1
5	1
6	1
7	2
8	0
9	0
10	0
11	2
12	5
13	0
14	4
15	13

A condensation of the above table indicates that 27 trainees learned two words or less; 14 trainees learned 3 to 13 words and 17 trainees missed only one word or none.

The distribution of reading scores on this word list takes the shape of a U curve rather than a normal curve. Most trainees fall at one extreme or the other rather than in the center of the distribution. It seems tenable that word-recognition may be an all-or-nothing skill for retardates at this level.

The relationship with IQ scores is very significant. The average IQ for the "successful" readers is 39.6: for the "non-success" group, it is 24.9. Only five of the successful readers had IQ's below 35. Only two of the "non-success" group scored above IQ 35. The number of subjects involved in this training is too small to establish broad generalizations but the data suggest that limited word-recognition programs can be successfully carried out at levels far below accepted standards of "educability." It seems that most retardates with IQ's over 35 can achieve limited skills in reading a carefully selected list of words.

It is perhaps equally significant that other social skills are not altogether dependent on reading achievement. Nine of the trainees who read two words or less are able to travel independently while three of those who can read the entire list are not permitted to do so.

For the trainees who demonstrated success with the basic word list, a more extensive sight vocabulary has been prepared. The same criterion of utility has been applied to the extended list. The innate complexity of the word is ignored and trainees may be offered words at 4th and 5th grade levels when their scores on standardized achievement tests indicate a skill below the 2nd grade.

Individualized lists that have relevance to only one or two trainees are offered to selected clients. Frequently, a trainee may have to distinguish between the names of two subway or bus lines that stop at the same station. The name or numerical designation of an exit station has special importance only to the person who needs that station. When mastery of these words becomes an important cue to traveling, they are taught as an adjunct to the travel program. The following list contains some examples of words used in advanced sight-recognition: Express, Fare, Don't Walk, Store, Token, Keep Out, Local, Street, Toilet, Entrance, Telephone.

Signatures

Practice in signing names was instituted at irregular intervals. This activity is a useful method of filling unused time between two scheduled parts of program and often came just before lunch or going home. The achievement of a legible signature may have significance on certain limited occasions in the life of a retarded person and is a useful skill within any service facility. It permits the client to identify his own work and, in a sense, to establish his claims to his own productions. It is gratifying to be able to do this without dependence on an instructor or other supporting adult.

The prevailing defects in fine muscular control and perceptual-motor skills make writing of any sort a difficult achievement for the trainees. A test of this ability showed the same variations as in other measured skills.

Table 24

Signatures

No recognizable signature	17
First name only - No legible family name	8
Recognizable signature but misspelled	3
Prints name. Cannot use script	20
Signs name in script	12

In other words, 35 out of the 60 tested clients, were able to identify themselves in writing after approximately one year of sporadic practice. Only 9 trainees could sign their name in script and 12 in printing before training was instituted. The number who misspelled their own names was reduced from 7 to 3.

Identification of Coins

The need to distinguish coins is so apparent in everyday activities that it is taught very early in the life of a normal child. School curricula assume that every child has this ability even in the earliest grades and instruction around money generally begins with the values of coins rather than their identification. Evidentally, for most children, the identification of coins is learned as part of pre-school experiences.

This knowledge cannot be assumed for the severely retarded adult. The training programs in traveling, community orientation and food preparation soon revealed widespread confusion in distinguishing among the various coins. As an adjunct to other phases of instruction, practice sessions in the use of money were instituted. For example, lessons were needed to establish the combination of coins that will buy a subway token. Even after extended practice, the following results were found.

Table 25

Ability to Identify Coins
(Including N.Y.C. Subway Token)
N = 58

No. of Coins Correct	No. of Trainees Succeeding
None	4
1	4
2	3
3	2
4	9
5	1
All	36

Only 4 trainees were unable to correctly select even a single, specified coin from a group of 12 other coins arranged in random order. Approximately 60% of the trainees knew all the coins (and a subway token) without any errors, in a test conducted on two occasions.

Before training there were 18 trainees who were unable to identify a single coin.

Telling Time

Although the spontaneous conversation of the trainees often includes references to time, i. e. hours for leaving, for starting a planned activity, when a favorite TV program is shown, when parents will attend a meeting, etc., they are vague in their use of clocks. Even those who possess watches treat them as jewelry rather than as timepieces. Their interest in time is generally satisfied by asking a nearby adult and a few are compulsive in their repeated questioning about the hour.

Skill in the use of the clock is obviously dependent on ability to read numerals and generally involves some arithmetic achievement. An earlier survey had shown that two-thirds of the trainees were unable to identify numerals beyond 10 and almost half could not identify any numbers.

Practice sessions in reading a clock were held periodically and every room included a large clock-face on permanent display. Real clocks are also distributed about the building and references are made to them on appropriate occasions. The limited achievements are recorded in Table 26.

Table 26

Success in Telling Time
N = 60

Time	Number Succeeding
None	34
On the hour only	12
Hour and half-hour only	3
All	11

EXPRESS
LOCAL
MEN
TO STREET
UPTOWN
DOWNTOWN
WOMEN

A LESSON IN WORD RECOGNITION

The "textbook" for this lesson was prepared by the New York City Transit Authority. Obsolete subway signs were repainted in the Occupation Day Center and used in part of the program of academic instruction.

Chapter XI

DOMESTIC SKILLS

One of the most apparent needs in helping the retarded adult become an integral part of his environment is to develop skills that would permit genuine participation in the chores of his home. Every trainee in the Occupation Day Center is a member of a household and, even more than his normal contemporaries, spends the major part of his time at home. The manner in which this time is used is one important determinant of the attitude of the parents to their retarded son or daughter and, perhaps more significantly, influences the attitude of the retardate to himself. If, when things are to be done around the house, the retarded person is treated as an obstruction that must be moved out of the way in the interests of efficiency, this inevitably affects his self-attitude as well as the attitudes of those around him.

There are cultural variations in the extent to which cooperation within the home is expected and accepted. In some subcultural groups it is considered demeaning for a male to wash dishes or use a vacuum cleaner. There are some mothers who consider themselves negligent if they use help in performing duties that belong to their role as homemakers. Still others have personal standards of perfection that permit for no compromise with quality and they find it simpler to do their own work than to permit slightly inferior performance from the retarded person. Fortunately for the retarded person there are increasing modifications of culturally defined sex-roles in the home so that more domestic duties may be done by men. The continued relationship between the Occupation Day Center and the parents is influencing a more ready acceptance of the limited contributions of the trainees.

The development of a program of usefulness within the home is only a slight extension of the training for usefulness within the Occupation Day Center. Many of the needs of the Center have close counterparts in every home. Both environments prepare and serve food, and both require dishwashing and sanitation in the kitchen. Laundering and dusting is needed in both places. A few limited chores, like bed-making, have been artificially created in the Center to provide practice on selected tasks that might not otherwise be included.

A lengthy list of services has been programmed either on a daily or "as-needed" basis. These activities are not busy work but are regarded as necessary functions in maintenance. As part of the process, trainees are taught an understanding of the principle underlying the activity. They are made aware of the appreciable amount of disorder and dirt resulting from each day's program. Such elementary problems as the different uses of steel wool and sponges, scouring powder and soap, must be developed. It is hoped that trainees will learn to select with fair accuracy the specific cleaning agent for a specific cleaning job. The following list describes some of the duties for the kitchen area alone.

1. Cleaning and polishing of all kitchen brightwork and silverware, specifically: toaster, coffee maker, silverware, chrome sink fixtures, stainless steel deep sink, cup dispenser, can opener, chrome edging.

2. Daily maintenance of all porcelain accessories, specifically: sink, refrigerator (inside and out), porcelain cooking utensils, wall tile, tile floor.

3. Daily maintenance of all kitchen enameled woodwork, specifically: door surfaces, woodwork around doors, area around drawer handles, closet door surfaces, closet interiors (periodically, once a month).

4. Daily washing of all dishware in service.

5. Daily stove maintenance. Specifically: the removal of food stains from stove surface, cleaning carbon from burners, keeping stove-top clear of random cooking utensils, cleaning oven areas.

6. Maintenance and storage of kitchen utensils used in and out of program. Specifically: pots, pans, utensils should be thoroughly clean and bright before being hung in proper places on peg board. Knives, forks, can openers, bottle openers, ice cream scoops, strainers, squeezers, ice trays, mixing bowls should be returned to areas assigned.

7. Garbage storage and disposal. Specifically: garbage cans should be lined with paper bags. Garbage should be disposed as many times as necessary during day.

8. Towel and Linen maintenance. An adequate linen supply is provided. Storage and maintenance of linen articles will be expedited through a daily laundry program. It will be the trainee's responsibility, under staff supervision, to see that:

   a. Soiled towels and tablecloths are made ready for laundry service and are replaced.
   b. That soiled linen is kept out of sight.
   c. That a supply of clean linen is always available.
   d. That place mats are washed after use, dried and stored in small kitchen.

9. Maintenance and storage of kitchen cleaning articles. Specifically: Soap powder, bar soap, cleansers, sponges, brillo, liquid detergents, silver polish, ammonia, disinfectants, basins, sponge mops.

10: Food supply and storage. Specifically:

   a. Trainees should be encouraged to make realistic deposits in refrigerator.
   b. The stock of canned goods will be procured on a daily basis.

c. Canned goods and boxes should be periodically removed from closet area and area washed clean (once a month).

d. All food storage shelves should be periodically relined.

e. No food, canned or otherwise, should be left out of closet.

f. All brown paper bags from food purchases will be stored in the kitchen and used to line garbage pails.

11. End-of week kitchen field day. On Friday all of the above activities will be renewed and, if necessary, brought up-to-date in the kitchen area. In this way, the Monday morning program can proceed more smoothly.

Cleaning chores are not more important than the preparation and handling of food. There is no intention to develop such proficiency that the trainees can assume major responsibility of cooking either for themselves or their families. However, it is considered a feasible objective to teach most of the trainees to take the responsibility for preparing their own lunch boxes on days when lunch is brought from home and to prepare simple meals without excessive supervision, as they may need to do on weekends. It is also quite realistic to expect acceptable table habits and the skills needed to set tables, clean up and help with dishwashing.

The food preparation phase of program is not uniquely different from more common homemaking courses. It is distinguished by a lower level of expectations and a greater tolerance for disorder on the part of the instructor. Some elementary skills that are taken for granted as part of the maturation of young children, require painstaking practice before mastery is achieved by the retarded adult. Specific and repeated practice is offered in such items as lighting matches and turning on the gas stove, using a can opener, pouring milk and hot liquids, cutting sandwiches in half, wrapping in wax paper, etc.

Meals in the Occupation Day Center are prepared as group activities under the supervision of the group instructor, not a specialized member of staff. The preliminary phases of deciding on a menu, preparing shopping lists and purchasing the needed items are as much part of the Academic and Community Orientation programs as they are of food preparation. Menus range from simple to complex so that individual trainees at differing levels of ability may all have the opportunity of practice.

At the very simplest level the luncheon consists of sandwiches of cold cuts in which the only required skills are the spreading of mustard or mayonnaise and cutting the sandwich in half. The most dependent group in the Center is still restricted to this level of preparation although some individuals are attempting such spreads as cream cheese and jelly.

More complicated sandwiches of egg salad or tuna fish salad are commonly featured. Trainees are offered repeated practice in lighting the stove, discriminating between steaming and boiling water and placing the eggs so they will not crack. They learn to shell and chop the eggs and to add mayonnaise. For the tuna fish, they learn use of a can opener, cutting and chopping celery and onions.

The menus have become more ambitious with increasing time and very frequently there are hamburgers, stews and macaroni. On occasional festive days projects such as spaghetti and meat balls or packaged pizza have been successfully negotiated. Such simple desserts as jello, or other packaged puddings are a daily feature. One special squad of 6 trainees rotate in preparing a large urn of coffee every morning and sell it at lunch time and at two other periods during the day for 5 cents a cup. The staff provides much of the patronage for this service and there are enough profits to provide token wages for the trainees who work behind the counter.

All trainees take part in clearing the tables and stacking the dishes in the sink. One person is assigned to washing, another to rinsing and several dry and put the dishes into cupboards. Others clear the dining area, sweep the floor and remove the garbage. Not for ostentation, but to provide realistic materials on which to practice laundering, table cloths are used and changed at each meal.

As part of its equipment the Occupation Day Center has recently set up a complete home laundry unit consisting of one washing machine, one dryer, seven ironing boards and seven steam irons. Only six trainees are currently able to proceed through a complete laundry cycle without supervision. A total of 20 trainees, including three young men, are able to iron tablecloths and the white uniforms worn during the lunch preparation.

A tabulation of the skills observable in the Home Economics Program reveals that 42 trainees are competent in dishwashing and drying, 20 in ironing, 6 in laundry machine operation, 27 in housecleaning and 23 in coffee service.

It is interesting to compare the staff's ratings with the observations made by parents during the annual survey. Since this survey was conducted for two successive years, the improvement in these skills may be noted in Table 27. It is unfortunate that the parent's impressions were not collected at the end of the first year when the most marked gains probably occurred. Parents were asked the question, "How much does your son or daughter help at home?" They were asked to be specific on the following items.

Table 27

Parents' Impressions of Usefulness in the Home

Item		1961	1962
Makes his own bed.	Usually	22	24
	Sometimes	18	15
Cleans his room.	Usually	19	17
	Sometimes	13	18
Sets table.	Usually	23	31
	Sometimes	18	22
Washes and/or dries dishes	Usually	20	28
	Sometimes	22	19
Prepares snacks.	Usually	16	18
	Sometimes	23	20

Parents were also asked, "Have there been any changes in this area since your son or daughter started at the Occupation Day Center?" Their replies were placed into categories and are listed in Table 28.

Table 28

Changes in Home Usefulness

	1961	1962
Better	25	41
Same	28	15
Worse	2	1

Some actual quotes from the parents' statements include, "Is more co-operative," "Eager to help," "Does more housework," "Takes out garbage," "Washes car," "Goes shopping," "Vacuums," "More willing to help," "More responsible."

A number of parents were more specific.

> "Florence shows a greater interest in cooking. If I were not timid about her using the stove I believe she could do quite a bit. A few weeks ago I was not feeling well and to my surprise she brought up a tray for breakfast - prunes, buttered toast and coffee which she made herself."

Another parent reported:

> "Lorraine is becoming very helpful around the house. The other evening I was behind in all my work around the house. I went into the kitchen to prepare a quick supper and was surprised to see that she (Lorraine) had peeled the potatoes, put water up for the potatoes and corn and had set the table."

Such generalized improvements as have been noted are slow in developing and are rarely dramatic. In many cases it took more than two years before there was an awareness of change on the part of the parent. There is more than a suspicion that families are frequently hesitant to change established household routines that will permit an enlarged role for the retarded person. One such example that was made evident is the difference in ratings given by the parents and the instructor. Repeated observations in the Occupation Day Center had resulted in classifying 41 trainees as competent in dishwashing. This rating was based on performance of this task several times each week. Only 28 of this group "usually" do so at home, according to the parents' reports. In the area of homemaking, as in other phases of program, changes in parent attitudes are needed before the newly acquired skills can be incorporated into the routines of daily living.

Chapter XII

THE PROFOUNDLY RETARDED ADULT IN THE DAY CENTER

The prospectus outlining the objectives of the Occupation Day Center was based on a priori judgment of the characteristics of the retarded adults whom it intended to enroll. The upper limits were carefully delineated and applicants were denied admission if they were presumed capable of benefiting from a more demanding program. No similar boundaries were set at the lower end. There was a deliberate disregard for the classification systems used by school authorities to eliminate the more severely retarded children. Whenever preservation of traditional classroom procedures was an important goal it may have been logical to exclude those who required a substantially different setting. Such considerations were not relevant in the experimental program of the Occupation Day Center.

It was felt, in principle, that community programs should be available to all retardates who live in the community. The parents or guardians of the retarded person have the legal and moral responsibility of determining whether he is to remain at home or be committed to a State or Private School. When the parents have lived with their decision for home care for twenty years or more, it seems justifiable to support the parent's determination through organized community action.

The following verbatim responses to an interview with one mother was recorded six months prior to her son's admission. Mrs. A.'s comments seem fairly representative of some of the special difficulties involved in raising a profoundly retarded child. She expresses a determined opposition to the institution, a resentment against most community agencies and individuals who have been unaccepting of her son, and her discouragement about inadequate community services.

MRS. A. TALKS ABOUT HER SON

> "Phil is nineteen. He feels very bad now. He's home. He went to school for so many years and now he is home.
>
> He just finished school a year ago through the Association for the Help of Retarded Children. He hasn't been happy since he's been home. He's developed terrible habits. He keeps' opening and buttoning his clothes. School kept him busy. He was very good at school. They recommended him for the Sheltered Workshop. He worked there a whole winter. two years ago when he went to school. He worked three days there and two days at school. I wanted to work him in so he'd have something to do after he finished school. I had to take him there to work all the time and it became too much for me. It was hard on him too. He worked from 9:45 to 4:00.

He didn't like the crowded subways. He can do everything for himself except travel by himself. He is very arrogant. If someone would push him or something, in the subway, he would get very angry. I don't know whether he would find his way.

He gets along nicely with my husband and me. I don't have any other children. When you're nice to him he'll be nice to you. He won't take criticism from us. He doesn't like it if people look at his face. He says, "Why do they look at me?" When he was small and bad I used to hit him. Now that he's big I try to reason with him and appeal to his better judgment.

He is very slow in doing things. I think he's doing it on purpose to get attention. He likes to start an argument with me. If I have an argument with my husband or talk loud he joins right in. He takes advantage of my husband because he never hits him. I have complete power over him if my husband isn't in the house. But when my husband is there I'm weakening.

I can leave him home alone in the house. He takes care of things very well. He'll turn off the lights, or the gas or the fan if necessary."

PHIL IN HIS COMMUNITY

"Phil doesn't have any social life whatsover unless I plan for him. The Brooklyn Y.M.C.A. opened up for retarded children a gym and arts and crafts class two days a week which is really wonderful. I take him down there twice a week, on Sunday from one to two, and on Tuesday from five to six o'clock. He loves it. There are social groups but he is not interested in them and it means travelling again and it's difficult. The Y.M.C.A. is within walking distance so I walk him there.

The people in the house act very nice to us. They respect Phil. At the beginning though, they were very bad. They used to tease. But I explained and educated plenty of people around here. I used to call in the children and say, "Suppose your brother hurt himself and lost a foot and people would tease him; how would you like that?" After that they didn't tease him anymore. They'd say, "Hello Phil" when they'd see him.

He's never been in any trouble. He attended school from the age of twelve until he was eighteen. He got along very well there."

PHIL AND HIS "HABITS"

"Phil needs help to get him out of his habits. Everytime there is a different habit. First he used to rub a finger until it got swollen. Then he used to wash his hands until the skin came off. Then there was spitting. Now he takes his shirt off a million times until it is just so. This folding habit is in the second year now. It bothers me a lot.

Phil is polite and quiet. He goes to social dinners with us through the Association for the Help of Retarded Children, and he sits there with perfect manners. Whatever he eats, he's nice about it. But he hates the crowds. He's afraid. He doesn't want to go in the place when he sees a lot of people. I have to threaten him to come in. I say, "I'll hit you, I'll leave you," until he comes in. It aggravates me.

I think that he could do better under supervision. Since he hasn't been in school, he's become lazy. When a person doesn't exercise himself he gets in a rut.

He worked for a Sheltered Workshop for a whole winter twice a week. At that time he was going to school three times a week and the other two times I took him. It was too much for me to bring him back and forth.

His health is very bad. I had him to the Beekman Hospital for tests before he started the Workshop. At the Beekman Hospital they said that he had a bad heart. He can't do heavy work. At the Workshop they had him lacing things to cardboard and punching holes. He liked it there. But it was too much for both of us."

ATTITUDES TOWARD INSTITUTIONALIZATION

" I never considered institutionalization, for the simple reason that he's a sick boy and they wouldn't give him the proper care. I am a member of the Association for the Help fo Retarded Children but I've never discussed institutionalization with them. I'm not interested in it.

My next door neighbor has a retarded child in an institution. They're satisfied with it.

I wouldn't say it was good for my child but I think that it may be good for some children. The woman next door has a retarded child and it's very good for him because he was driving her crazy."

HIS EARLY HISTORY AND PRESENT NEEDS

> "As soon as he was born at Israel Zion Hospital, the doctor told us that he was Mongoloid. He was very sick when he was born. He had pneumonia. I had him to Dr. B., a pediatrician. I had him to many doctors. I had him to Dr. G., a pediatrician. We all have the same thing. We keep hoping we'll find a doctor who will say there is nothing wrong with him. But you're wasting your money until you settle down and accept it. Then we took him to Dr. Z., at the Medical Center. He prescribed Glutamic Acid. Then tere was Dr. G., Dr. K., and Dr., S. We wasted all our money. Dr. K. helped his physical condition by putting him on antibiotics. He was always sick. He'd lie in bed for three or four weeks with an ordinary cold. Mongoloid children are very susceptible to respiratory diseases.
>
> He went to the Clinic For the Retarded when he was fourteen. They gave him tests. They didn't help him. They are only doing research there.
>
> The Association for the Help of Retarded Children has been the most helpful. It's been helpful to the mothers too. At least you see you're not alone. Most of the mothers feel that there is something wrong with them to have a child like that. But then you see that there are doctor's wives, lawyers, even Pearl Buck has a child like that.
>
> I've been trying to get the attention of the Board of Education. They kept me going and coming and then they said, institutionalize him. I said to them that they were talking about my child as though he were a dog.
>
> Mainly, I need some occupation for him. The Workshop didn't work out because there was no transportation for him. He can't travel there by himself. He could use some psychological help for his habits. But yet I feel I know him better than any psychologist. I came home and started to talk rough to him and he didn't like it. He resented it.
>
> I'd like to have an Occupational Center in the neighborhood for him or transportation for the Workshop. That would be a godsend. He needs to be occupied, otherwise it's no good. It wears out the par ents."

There is a recognized relationship between the severity of retardation and the tendency to institutionalize. Larger percentages of the severely retarded are placed away from home than are the mildly retarded. The extent to which the profoundly retarded remain at home is less well documented. Community facilities that might compute statistics for this group are almost non-existent. The profoundly retarded are systematically excluded from public school and other programs and only occasionally find a privately sponsored facility which will accept them. The organized concern of the Association for the Help of Retarded Children for this group has stimulated the establishment of small school units outside the public education systems. Applications to the Occupation Day Center came, in part, from graduates from these parent sponsored schools, They also came from those who had failed to find any schooling and had spent their childhood at home.

As part of the research objectives of the Occupation Day Center a percentage of all new admissions were selected from those below "trainable" levels. In their referral records they were frequently categorized as "profoundly" retarded. These admissions were randomly assigned to one of the five groups into which trainees were divided. During the first period of project operation, while program was being developed, the grouping was flexible and there was little attempt at establishing homogeneity. As training goals and methods progressed, the random grouping became inadvisable. As in other programs, there appeared a tendency to direct group activities towards the average ability level. The disadvantages of over-simplicity for the most able trainees and over-complexity of the more limited trainees was an inevitable result of unselected placement.

A re-evaluation of all the trainees was made after an extended period of time and resulted in a shifting of individuals into more homogeneous groups. One result of the regrouping was the formation of a special section for trainees who were generally inadequate in most of the programmed activities. Designated as Group V, this unit was kept smaller than the other sections to permit greater individual attention. It consists of ten clients, two on half-time, so that no more than nine are present on any one day.

The characteristics of Group V will be described by four different types of observation:

1. School histories.
2. A comparison with other trainees in the Occupation Day Center on ability to participate in Center activities.
3. Psychometric differences.
4. A comparative study utilizing a behavioral rating scale administered under standardized conditions.

School History

In comparison with other trainees, this group showed some major differences in early school histories. It was found that 6 out of the 10 members of Group V had never been admitted to classes for "trainable" children in N.Y.C. schools. Of the remaining 4 trainees, one had been admitted and discharged after a few years. Six of these "uneducables" had attended the classes sponsored by the Association for the Help of Retarded Children before they were admitted to the Center and one trainee had a total history of only three months in a private day school. Three members of Group V, 30%, had been maintained in public education during most of their school years. More than 80% of the remaining trainees from the other groups had been in public school classes.

Participation in the Program

A. The travel training program was never intended to apply to every client enrolled in the Center. Each candidate was carefully selected on the basis of observable qualities before tutoring was started. The training has been completed for most of the clients deemed eligible and currently includes 60% of the entire population. No member of Group V was considered eligible for this instruction and every person in this Group requires the use of chartered buses to reach the Center.

One person in Group V was apparently so stimulated by the excitement engendered by the "self-travelers" that he followed them to the subway, managed to pass through the turnstiles without payment, and was lost for many hours.

B. The trainees in Group V are not permitted to leave the building unaccompanied because it is unsafe to allow them to use their discretion in an unsupervised environment. The one minor exception to this restriction is the recent permission to one or two of them to visit a store within twenty yards of the Center where they may purchase sodas and candy. This permission would not be granted if it involved crossing a street. Neither the parents nor the Staff would allow street crossing without supervision.

C. This restriction on unsupervised movement makes impossible such activities as shopping, eating in restaurants or going on errands outside of the building.

The following accident report of an instructor illustrates the need for this restriction.

> June 14th___11:50 A.M.
>
> "Phil B. (apparently without provocation) scratched and struck Ira, Bobby, and myself in Mike's Delicatessen when he was told not to take a bottle of soda which he tried to take several times. The store was very crowded with customers at the time and Phil could have injured them also if he weren't stopped. Ira was scratched alongside of nose and face. Instructor was scratched on wrist."

D. Trips requiring public transportation generally exclude the members of Group V. More supervision than is normally available from Staff would be required in situations outside of the Center.

E. Group V trainees have a far more restricted food preparation program than the other four groups. Only a few trainees in this group have advanced to the point where they can spread their own jelly sandwiches. They cannot safely use a stove, a sharp knife or stir food without excessive spilling.

F. Although attempts are made to involve them when remunerative work is offered to other trainees, their productive efforts are frequently below measurable levels. It has been pointed out in the section on Remunerative Work that six trainees were excluded from a study because they were unable to master so simple a skill as unwinding a wingnut from a bolt. All six were members of Group V. The same study suggested a minimum mental age of 3 as a boundary below which work activities are unrealistic.

Group V trainees have been taught some work tasks but perform them so ineptly that their actual earnings would average between two and three cents an hour.

G. In such housekeeping chores as dish-washing, wiping tables, operating a washing machine or sweeping the floor there is no expectation of real achievement from Group V. They may participate in these tasks as part of the activity program but not because they contribute to the welfare of the Center.

H. In the visits to a settlement-house gymnasium in which Group V was included, it was found that the activity had limited meaning for the group. They did not understand the rules of simple games and could not develop a concept of a team. Gymnasium activity was possible with only one or two at a time.

I. None of the members of Group V have achieved any success in the word-identification program. Nine of the ten members of the group are unable to identify the letters of the alphabet.

It was these factors and others of a similar nature, that prompted the formation of the special group. The observations of the instructors indicated a generalized lack of competence and consequent non-participation in essential parts of the Occupation Day Center. program. Before the special group was established its members were either under tension because of the pressure to perform tasks beyond their ability or were permitted to remain isolated and idle while their peers were engaged in activity.

Psychometric Differences

It is logical to assume that a group which showed important differences from their peers in ability and behavior would demonstrate similar differences on standardized psychological tests. Only a limited number of tests are suitable for this IQ range and restricted the type of tests that could be used.

Stanford-Binet scores are available for all trainees as a result of the intake procedures. For Group V there was a range of IQs from 15 to 24. Their average IQ is 20.3 Mental ages of these trainees ranged from a low of 2 years, 5 months to a high of 3 years, 8 months. The average mental age for this group is three years, 2 months.

It should be recalled at this point that the average IQ of trainees in the Center is 35.8, fifteen points higher than that for Group V.

The Peabody Picture Vocabulary test provides a measure of the number of words that a testee understands. This test does not require the use of speech by the trainees. Five of the people in Group V were unable to follow the test instructions and could not be measured with the instrument. They were the only five persons in the Center who did not score on the P.P.V.T. The remaining five members of the group had the average "hearing" vocabulary of a three and a half year old child. Presumably the five who were testable are more advanced than those who were untestable and the group average is probably less than 3-1/2 years. These scores are consistent with the findings of the intelligence test.

The Goodenough Draw-A-Man test was also attempted but was even less successful than the vocabulary test. Eight of the clients produced human figures below scorable levels. The remaining two persons in the group were surprisingly competent on this task in comparison to their other skills. Both trainees who are able to draw a person scored in the 5 to 6 year range, approximately 2 years above their Stanford-Binet mental ages.

Differences Between Group V and Others on a Rating Scale

Many different rating scales and check-lists have been developed to measure those behavioral characteristics that are presumably not apparent on intelligence tests. It has been felt by many investigators that the IQ alone was not an adequate description of the person and that additional procedures were necessary. The American Association of Mental Deficiency, in its monograph on terminology and nomenclature, has urged the inclusion of a rating on Adaptive Behavior as a necessary adjunct in the appraisal of a retarded person. Unfortunately, no generally acceptable scale of adaptive behavior is available for this purpose.

The Occupation Day Center has developed a behavioral rating scale that is appropriate to its trainees but it has not been refined or tested on any broader population. A potentially useful instrument encompassing a broader spectrum of behavior became available during the last year of the project. A study conducted by the San Francisco State College on the effects of school classes for trainable mentally retarded children included the development of the San Francisco Social Competency Scale (Form TX - 3). *Although this scale is still experimental and has not been released for general use, it was administered to Group V and a selected control group as part of the evaluation of the most severely retarded trainees in the Occupation Day Center. The Social Competency Scale contains a total of 72 items and is composed of four subscales; Self Help, Initiative-Responsibility, Social Skills and Communication. Each item can be scored on either four or five alternative levels. A total score for the entire scale is obtainable from the four subscales.

The Social Competency Scale was administered to all members of Group V and to 10 other trainees from another group who are at the average ability level for the Day Center. Table 29 compares the achievement of the two groups on this Scale.

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*Cain, Leo F. and Levine, Samuel, 1961. A Study of the Effects of Community and Institutional School Classes for Trainable Mentally Retarded Children. San Francisco State College. U.S. Office of Education, Contract No. SAE 8257.

Table 29

Comparison Between Group V and a Control Group on the Social Competency Scale

Item	Group V	Control Group	Diff	"t" test	Sig.
Number	10	10	0		
Average IQ	20.3	37.2	16.9		
Self Help	68.3	92.4	24.1	3.65	.01
Initiative Average Score	37.7	52.1	14.4	3.67	.01
Social Skills Average Score	32.5	53.1	20.6	3.81	.01
Communication Average Score	51.7	62.3	10.6	1.83	N.S.

The "t" test revealed a statistically significant difference between the groups on the total score and all subscale scores except Communication. The latter subscale failed to reached significance at the .05 level of confidence and this finding may be explained by the relative competence of Group V on this factor and by the presence of a few largely non-verbal members in the Control Group.

Because this scale is not widely known, some sample items and sample results are being included to illustrate the methods that were followed to determine differences between Group V and the Control Group of "average trainees". Each figure represents the number of trainees whose success on the item was their highest achievement in that particular skill.

A. Self-Help - Manipulation Subscale

Item 2. Food Preparation

1. Cannot prepare simple foods.
   Group V - 2; Control - 0

2. Can prepare foods not requiring mixing or cooking (e.g. make sandwiches such as cheese spread.)
   Group V - 8; Control - 3

3. Can prepare foods requiring mixing and cooking
   Group V - o; Control - 3

4. Can both mix and cook simple food (e.g. jello)
   Group V - o; Control - 4

Thus, on Food Preparation, Group V received a total score of 18 while the Control Group received a score of 31.

Item 3. Making Bed

1. Cannot make or undo bed.
   Group V - 3; Control - o

2. Can undo but cannot make bed.
   Group V - 3; Control - o

3. Can spread sheets and blankets on bed but cannot tuck or put pillow in case.
   Group V - 3; Control - 1

4. Can completely make bed, including tucking and putting pillow in case.
   Group V - 1; Control - 9

Score for Item 3: Group V - 22; Control Group - 39. All but one trainee in the Control Group was able to completely make beds. Only one trainee in Group V could match them on this Item.

Item 10. Sweeping

1. Cannot sweep floor.
   Group V - 5; Control - 0

2. Can sweep floor where there are no obstructions; unable to pick up dirt in dustpan.
   Group V - 1; Control - 0

3. Can sweep under desks or tables but cannot pick up dust in dustpan.
   Group V - 0; Control - 0

4. Can sweep under desks or tables and can pick up dust in dustpan.
   Group V - 3; Control - 10

On this item, as on a number of others, the highest level of skill measured by the Scale was achieved by the entire Control Group with no exceptions. Only 3 out of 10 trainees in Group V reached the same level on Sweeping.

B. Initiative - Responsibility Subscale

Item 26. Table Setting

2. Simply places silver, plates, etc. on table
   Group V - 4; Control - 0

3. Simply places items around table, not necessarily where they

belong.
Group V - 6; Control - 0

4. Places plates, glasses and utensils in positions he has learned.
Group V - 0; Control - 5

5. Places all eating utensils, napkins, salt, pepper, etc., in positions he has learned.
Group V - 0; Control - 5

Total score for Group V on Table Setting - 26
Total score for Control Group -45

Every member of the Control Group achieved a level of skill on Table Setting beyond the highest level of any trainee in Group V.

C. Social Skills

Item 42. Traffic Signs

1. Does not understand any traffic signals or signs.
Group V - 9; Control - 0

2. Understands a few traffic signs which do not require reading.
Group V - 1; Control - 1

3. Understands most traffic signs which do not require reading.
Group V - 0; Control - 2

4. Understands a few traffic signs which require reading.
Group V - 0; Control - 6

5. Understands many traffic signs which require reading.
Group V - 0; Control - 1

Total score for Item 42; Group V - 11: Control - 37

It is obvious from the scores and the skills they represent, that the Control Group was far superior in the use of traffic signs.

D. Communication.

Item 62. Spontaneous Speech

1. Rarely speaks spontaneously in group situation, even when question is directed to him.
Group V - 2; Control - 2

2. Responds in group situation only if question or command is directed to him.
Group V - 1; Control - 0

3. Sometimes speaks spontaneously in a group situation.

Group V - 5; Control - 2

4. Usually speaks spontaneously in a group situation.
Group V - 2; Control - 6

Total score for Item 62: Group V - 27; Control - 32

Although there are some differences between the groups on Item 62 and other items in the Communication Subscale, these differences are less significant than on the other subscales.

THE DAILY PROGRAM

All measurements and observations resulted in essential agreement that the trainees in Group V constituted a distinctly different population. Their disability is so much greater than the 50 other trainees that it prevented their participation in substantial parts of the program. Since the Occupation Day Center had accepted the principle of providing a community facility for all retarded adults, specific modifications of program needed to be developed for Group V. This objective has not been completely realized and still requires substantial thought and experimentation.

The present daily activities for Group V consists of downward revisions in the general training program and the use of some procedures that are not appropriate for the more mature trainees. For instance, an Art and Crafts program geared to early childhood levels has been introduced. Work with modeling clay to produce ash trays, finger painting and coloring with crayons for party decorations, are scheduled periodically. The preparations for festive occasions include practice with a scissors, pasting and stapling to make colorful hangings. Music sessions for Group V are more frequent than for the other trainees. Passive listening is discouraged and the trainees accompany the record player by joining the chorus, rhythm-clapping and group dancing. Favorite songs are requested by individuals and the trainees are asked to identify by its jacket the record they want to hear.

Walking trips through the neighborhood are arranged on fair days and are always under active supervision. Although independence in travel is not a realistic goal, there is still a need for practice in getting in and out of the chartered buses and a stress on behavior during the trip. All members of Group V are familiar with the building in which the Occupation Day Center is housed and are permitted freedom of movement within the Center. They are sent with written messages to the various offices and are able to deliver them efficiently. Only one member of the group can deliver a verbal message.

The sparse speaking vocabularies and the tendency towards "parallel conversation", in which two trainees in seeming interaction are talking about quite independent things, are difficult to modify. There are practiced attempts to develop group conversations. Action pictures are presented to provide a focal point and the trainees are directed to discuss the photograph or drawing. Irrelevancies are pointed out and listening to each other is emphasized. Comments on each oral contribution are encouraged. Specific practice is given in naming common objects in the Group's homeroom and in the kitchen.

Constant attention is needed to maintain an awareness of self-care. The random dropping of outer clothes and the frequent misplacement of lunch boxes has been changed now to a relatively routine efficiency. Hand-wiping, nose-wiping and proper adjustment of clothes still need some reinforcement during the day.

Perhaps more significant than the development of skills is the feeling of group membershp that has developed since the formation of a homogenous section. The trainees in Group V are more comfortable with each other than when they were distributed among the other groups. They relate to each other with genuine affection or stereotyped mannerisms and seek out their own instructor for help or solace. There has been a reduction in negativism and isolation and a greater freedom in attempting difficult activities. Aimless wandering through the building has been voluntarily minimized and the trainees seem more goal-directed. They know what they are expected to be doing and are provided with activities in which they can realistically participate. Some of the manneristic movements and repetitive acts have been cut down and the instructor has developed techniques to stop such bizarre mechanisms as poking a throat, constant examination of fingers, unnecessary nose blowing and irritating repetition of meaningless phrases.

The most general conclusion to be made from experiences with this group is that profoundly retarded adults who have spent their lives in the community can be maintained in a group setting and can be involved in activities beyond a custodial level. The exact nature of these activities is still subject to examination and revision. Perhaps the most fitting comment on the achievement of Group V was expressed in the form of a question by a professional staff member of a state residential institution. "You mean they don't sit and rock?" The significance of this question is obvious to those familiar with the wards of profoundly retarded persons in the State Schools. The almost complete absence of goal-directed activity for this category of the retarded results in a stereotyped, rocking behavior that becomes characteristic of these wards and cottages. To many observers it seems to be one symptom of profound retardation. The program in the Occupation Day Center has reduced "rocking" to rare occasions rather than a typical activity and suggests that aimless stereotypy can be prevented by organized activity.

Group V has existed as an entity for too brief a period to permit predictions of progress towards the level of the other trainees. The expectation of rapid movement is not realistic and it will require more time to determine the possibility of transfer of any of the profoundly retarded trainees to one of the other groups.

Chapter XIII

RELATIONS WITH PARENTS

There is often a feeling of desperation in the parents' search for a community facility that will provide their retarded son or daughter with a daily activity and peer relationships. The detrimental effect of an unoccupied retarded person on family relationships is often made very clear in the application forms and the initial interviews. Requests for admission often include lengthy statements in addition to the data that is required. The following quotations give some impression of the need for the Occupation Day Center or an equivalent facility.

Aug. 31, 1961

"Michael has been to ________State School for a year in 1957. We took him out because he was not getting any better there, in fact worse. I would like to send him to a school a few hours a day because now he is getting hard to handle. I feel if he could be away from me a little part of the day it would be better for all of us. The Board of Education could not accept him in public school because his IQ was very low. I honestly feel he can be halped a little by being with other people for awhile. We have inquired about private schools but they are too expensive.

Please help me. I have two teen-age daughters home and lately they seem to resent Michael. They really love him but at times he is very stubborn and I have to slap him. Of course the girls resent my doing that and then we argue. Things are getting unbearable home. I hate to put him in an Institution again. Please help me."

A____ S_________

****

Mar. 12, 1960

"We can give you very little help regarding previous treatment of professional guidance and evaluation because there hasn't been any. My husband reacted in a very immature way to my daughter's condition by keeping her in a shell refusing to accept the fact that she was mentally retarded and needed professional guidance. He claims to want to help her but until now has never found any system adequate only because his pride wouldn't let him expose her. As a result she is without a friend, hobby or individuality. It is only recently that my husband has consented somewhat reluctantly to let me try. It is very urgent that my girl be admitted to your school as soon as conveniently possible. Thank you very much for your prompt reply and concern."

Mrs. J. S________

****

12 - 9 - 1960

"...I was a member of this chapter until my son was entered into ________State School about 4 years ago. But on account of brutal treatment to him by attendants, I now have him home and trying my best to get him into a day school so I won't have to send him back. I am not well, in fact this past year I have had a heart attack and must see that my son will have a few hours a day with children of his own kind."

Mrs. T. D_________

****

10 - 59

"...He could really be taught if there is some place he could go to, to be able to read and write, because he is anxious to learn. He is well behaved and polite...During school hours when his friends are in school he watches television, plays records...But he wants to be like his friends, to be able to read and write, and go to work...I would appreciate anything that could be done for Jr. Thanking you very much..."

Mrs. J. B_________

****

Only a small percentage of these appeals are answered favorably. None of the quoted cases, for instance, has been granted admission although all are on the waiting list - some of them for more than three years. When the retarded person is admitted the parents are grateful, both for the sake of their child and for the immediate improvement in family welfare. They are, however, generally reconciled to their problem and are no longer anticipating major changes. Some of the facets of independent functioning that the program tries to develop may seem unnecessary or even dangerous to them. These parents have perhaps learned to "accept" the retardation too completely and hesitate to endanger their particular adaptation to the problem. Finding a facility was a critical issue at the time of application. What happens within the facility after admission seems far less crucial so long as the health and safety of the retarded person is assured.

This does not imply a disinterest on the part of the parents. Each of them seems eager to promote a particular facet of development. Some may request such limited objectives as, "If you could only teach him to write his name" or "Maybe you could get him to hang up his coat when he gets home." Others hope for more significant changes such as improvements in speech or the development of enough competence for transfer to the Sheltered Workshop. Far less often do the parents define their goals in terms of generalized improvements in independent functioning so that the retarded person can be a more adequate participant in his home and community. When parents do notice such changes, and they frequently comment on it, it is treated as an unanticipated dividend or an incidental benefit.

The most succinct summary of the differences between parents and staff is that the parent views the trainee as a person who requires help with an ill-defined series of problems whereas the staff has a more global perspective and tries to effect general improvements in personality and self-attitudes. The development of specific skills is seen as an interim goal towards a broader objective. New skills are significant in themselves but may be more important as repeated demonstrations of what is possible. For a retarded person to make his own sandwich is, first, a means of satisfying hunger. It is also a proof that he can take care of his own needs. Taking a subway ride not only gets him to the Occupation Day Center but proves that he is like other adults in the community.

Sometimes a seemingly insignificant incident may have this effect and is perceived by the parent. A sentence in a note from one mother read, "May I thank Miss F. for sending Donald to the store for a refund on an empty bottle. He came home a very happy boy." The trainee's feeling of pride in being entrusted with a mundane chore was communicated to his home and suggested new possibilities to the mother.

Significant areas of training often depend on the parents' permission and active cooperation. This was most clearly evident in such instances as travel training when an individual campaign with each family was a necessary prelude to the actual instruction. This particular issue has not been completely resolved after 18 months of effort. Minor mishaps on the subway reactivate the old fears and require renewed staff efforts to support the parents' reluctant acquiescence.

It has been pointed out that other parts of program also require family cooperation. Without such cooperation the improvements in dress, permission to have lunch in restaurants without supervision, the use of trainees for local shopping and messages, would be impossible. Parents are unanimously enthusiastic about certain activities such as the paid work program and they generally support all attempts at academic instruction. There are examples of neutral reactions to some other aspects of training. The parents do not actually object to the activity but fail to help in promoting a newly acquired skill. Failures to encourage a trainee to shave alone or tie his laces or wash dishes at home are common.

Parents are often unaware of the need for reinforcing the trainee's new habits through repeated practice or else they may find it difficult to modify their own habits. It would be well to recall that most parents are middle-aged and have been living with the problems of a retarded child for twenty years or longer. Ingrained customs and attitudes of such duration are not easily modified.

It is within this framework that relations between the parents and staff have been conducted. The size of the staff imposes natural limitations on the extent of the relationship but there are a number of formal procedures to ensure repeated contacts. A regular individual interview is conducted annually. Each parent meets with the social worker and reviews a standard series of items. Progress in family relationships, the development of skills, changes in family activities that have been made possible and the growth of independence are reviewed. The nature of some of the questions raised at the interview clarifies the objectives of the project and encourages the parents to direct their thinking towards a fresh point of view. Sometimes glaring contradictions in behavior at home and in the Center are made clear during the interview. When, for instance, a mother hears with pride that her daughter washes dishes for a dozen other trainees she may question her own reluctance to permit her to do dishes at home.

A few verbatim quotations from the parents will illustrate some of the attitudinal changes that become apparent.

"Lately there have been marked changes in Morris' behavior... he is more friendly, not only to his parents and his sister, but also to others... He is now much more self-reliant... One result of his training at the Center is he is more calmed down and he helps more with family chores."

Another mother commented, "... before Israel came to the Occupation Day Center he would refuse to accept any money gifts from relatives or family friends. However, ever since he has been working on projects for which he has been paid, he now eagerly accepts and appreciates any gifts of cash that are offered to him."

The mother of a trainee in Group V, the lowest functioning group in the Center, reported that Eddie, who suffers from poorly controlled seizures, was difficult to manage before he started to attend the Occupation Day Center. "Now he knows he has to get up in the morning, take his shower, shave and go to the Center... I have noticed that he has also enlarged his vocabulary during the past year... Before Eddie attended the Center he was completely indifferent to his personal appearance... Now he is quite fussy about the daily selection of his socks, trousers and shirt."

The recognition of major changes in their son or daughter is becoming apparent to some parents. The following letter was written as a Christmas greeting to the staff. Its significance is best appreciated if one knows that it was preceded, some 16 months earlier, by an application expressing the same desperation as those samples quoted at the beginning of this section.

> Dear Friends:
>
> The time of year has come when one extends Season's Greetings and Wishes for a Very Happy New Year. This in itself would be meaningless unless we acknowledge at the same time an expression of thanks to all who are helping in bringing joy and hope in our hearts for a brighter future for the son we love.
>
> As this year ends, and this is the length of time Norman has been with you, we find it has been most fruitful. Just eighteen months ago another setup suggested that we send our child to an institution. You have in just one year proved to us that we were right in trying once again in spite of the judgment of professionals. To say the least, our boy has a new lease on life. He has become a better human being, with dignity and a desire to please others as well as helping himself.
>
> His progress has manifested itself at home as well as in your school. It is through you that I learned of his greater capacity to concentrate and one of the boys with the highest earning capacity. We find at home that his follow-through has improved too. His helpfulness in setting a table, cooking and shopping is certainly of no small feat.
>
> We are aware that the average child at his age do these things and more but we never did expect any of these things so that each little thing to us is a great achievement and we realize that these would not have been accomplished without your great assistance. To us this is nothing short of a miracle.
>
> We would be remiss if we did not realize that there are still many hurdles and many paths to be opened up for him, but, for one year we feel the stride has been tremendous and we would certainly not be on this Hopeful Road if not for this wonderful Center.
>
> Trusting that the Good Lord gives all of you the Strength and Good health to continue your good work and wishing you a Very Happy and Healthy New Year, We remain,
>
> Sincerely

It would be misleading to quote only the favorable comments reporting significant progress. Parents are probably less ready to reveal their unresolved problems. Issues like the following came to light during the annual survey. Sammy, the son of refugee parents, had been taught to travel home by subway. Evidently fascinated by his new horizons he failed to return home promptly at the end of his day in the Center. On some days he rode the subways for several hours before going home. With increasing experience in traveling, Sammy began to embark on nocturnal excursions. H would gulp his dinner and leave his house without comment, often returning after midnight. His mother tearfully asked for staff intervention to control Sammy's wanderlust.

Serious problems, like Sammy's, do not wait for the annual appointment. Parents are aware that they may raise such issues at any time and that efforts to influence the trainee will be attempted. Betty, a 26 year old trainee who has attended the Occupation Day Center since its inception, has been behaving unacceptably for a long time. Both parents are college graduates and hold professional employment. Betty's mother reported a series of disturbing events that had occurred recently. A pair of theater tickets mysteriously disappeared from a drawer and were recovered long after the date of the performance. A ten dollar bill was taken from a kitchen receptacle and was never found. Betty developed even more disturbing behavior. She would appropriate six or more pairs of silk underpants belonging to her mother and sister. Once she arrived at the Center wearing eight pairs of these. When she was questioned Betty explained that she was in constant fear of wetting herself. Betty's mother recognized the need for intensive help and enlisted the Center in finding a suitable psychiatrist. A professional suggestion that the mother undergo some form of therapy simultaneously with Betty was rejected as "unnecessary" and Betty was withdrawn from treatment after three sessions.

Most contacts with the social worker are initiated by parents who have problems that are less serious than Betty's but are still troubling for the family. For example, Shirley was having tantrums because she had been led to believe that she would be transferred to the workshop and was interpreting the delay as a form of punishment. Raymond's mother, who had been very resistive to having her son travel alone, complained that Raymond wanted to drop out of the Center because he felt that other people in the subway were "staring at him." When Raymond was questioned about this he claimed, "All is OK with me and I want to come here for real." The mother finally resolved the issue by getting a physician to prescribe tranquilizers for Ray to prevent a "nervous breakdown." Instances in which the parent projects his fear to the trainee are not uncommon. When these issues can be resolved in a few contacts they are dealt with at the Center. More intensive counseling is not currently available.

In addition to individual contacts with parents, both on a regular and unscheduled basis, the parents are invited to evening meetings every few months. Half of the meeting time is left for conferences with the instructors and the remainder of the evening is divided between sharing necessary information about the program and introducing some aspect of parent education. These meetings are commonly attended by representatives of about two-thirds of the families. Since most parents are members of the Association for the Help of Retarded Children they receive general information through the mail and their local chapters. The meetings of parents of trainees have an agenda restricted to Center activities. Parents generally request additional information about some phase of the program their son or daughter has told them about, report to each other on anecdotes they find newsworthy and state their grievances about relatively minor issues such as the habitual lateness of a bus-driver or insufficient lessons in telling time. The parents become most enthused by suggested actions in which they can take part, i. e. a suggestion to buy a freezer for stocking larger food supplies created a spontaneous committee to investigate costs and try to raise the necessary money.

There is an annual attempt to provide a camp vacation for each trainee during the month in which the Center is closed. Large numbers of interviews and communications with parents are required by this activity.

In brief, the Center's relations with most parents is not intensive and, when it occurs, is generally oriented towards a specific problem. Except for the annual interview and the parent meetings, most contacts are made either through the telephone or by mail. It is clear that there is a certain amount of quiet resistance to some features of program that seem "unsafe" to the parent but this is changing. There is a growing reliance on staff opinion as the parents' contacts with the Center increases. Many parents are beginning to approach the staff with problems they would formerly hide. Almost all of them express their pride in genuine improvement and, hopefully, are slowly changing from an attitude of resignation to one of expectation.

Chapter XIV

PROFESSIONAL AND PUBLIC RELATIONS

Among the objectives outlined by the Occupation Day Center in its original request for support from the National Institute of Mental Health were proposals to develop procedures that could be used in other communities. It was intended that the information that was collected be shared with other agencies. Since the project was in many ways a prototype, its potential importance as a demonstration and research unit could be more significant than the value of its service to a limited number of local, retarded adults. It seemed likely that its example could serve as a stimulus for the creation of analagous programs in other areas with similar needs.

The problems faced by severely retarded adults are not specific to New York City. Although some features of the program developed at the Occupation Day Center may relate most directly to other large urban areas many generalizations that are applicable elsewhere may be inferred. Without any staff provision for public relations duties and with only minimum announcements of its formation, the wide interest in the project seemed to grow by word of mouth. Requests for permission to visit and requests for printed information began to arrive before the building was made ready and the number of such requests has continued through the three years of its existence. To the extent that staff was available, these requests have been met.

Personal Visits

A recent count of the guest book kept at the Occupation Day Center revealed that a total of 471 persons had made personal visits to the facility. This does not include those who had a direct connection with the service such as other Association employees or parents of prospective applicants. Almost half of all visitors were from outside of New York City. One hundred and sixty-five visitors came from other parts of the United States and represented agencies in 37 different states, the District of Columbia and Puerto Rico.

In addition to the American guests there were 56 foreign representatives who came from 20 different countries. The following list suggests the international interest in the problems of retardation and in the type of service provided by the Occupation Day Center.

Countries Represented by Foreign Visitors

Australia	1	Japan	2
Brazil	1	Jordan	1
Canada	12	New Zealand	2
Ceylon	1	Norway	2
Chile	2	Spain	2
England	7	Sweden	2
France	4	Switzerland	1
Hong Kong	1	Thailand	1
Indonesia	1	Turkey	8
Israel	4	Yugoslavia	1

The names of a sample group of foreign visitors and the types of organizations they represented are also listed.

Abbe Lucien Oziol, Director, "Le Clos du Nid," Marvejols, France
Mrs. Winifred Curzon, Ministry of Health, London, England
Mrs. Heddy Astrup, Norwegian Red Cross, Oslo, Norway
Dr. Guillermo Altonurano, University Hospital, Santiago, Chile
Mr. C. H. Watt, Australian Council for the Mentally Retarded, Adelaide, South Australia
Mr. S. R. Hamilton, Department of Education, Wellington, New Zealand
Dr. Carlos Gil y Gil, Colegio de Ensenanza Especial para Adolescentes, Madrid, Spain

The American visitors represented a large variety of institutions and agencies. Often, their concern with retardation was incidental to larger professional, welfare or philanthropic interests. Many were lay people who saw the Occupation Day Center as a necessary addition to the chain of social services needed by the community. Most of the visitors had a very direct interest in the problem of the retarded adult. Committees or individuals from 19 different state and local Associations for Retarded Children carefully observed the program at the Center. Representatives of agencies to whom this was a peripheral interest included United Cerebral Palsy, Institute for Crippled and Disabled, the Henry Street Settlement House, Educational Alliance and the University Settlement.

Observers from a number of government agencies visited the project because some phase of its activity impinged on their official function. These included representatives from the Veterans Administration, the New York State Department of Mental Hygiene, National Institute of Mental Health, Division of Vocational Rehabilitation and the New York City Community Mental Health Board.

The relevance of this training program for adults was obvious to colleges who are preparing teachers of special education and to education officials who are involved in the expansion of existing school programs. Entire classes of graduate and under graduate students from most of the universities in the New York area have scheduled visits and lectures at the Occupation Day Center. These groups included Teachers College, Brooklyn College, Hunter College, New York University and Yeshiva University. The relations with Columbia University have been particularly close. They have arranged at least one annual visit by a class of doctoral candidates in Special Education, a group of trainees were invited to the University to demonstrate parts of the program and another group of 10 trainees were the subjects in a 3-week "Work Conference and Practicum on the Education and Guidance of The Mentally Retarded (Trainable) in Late Adolescence" in July of 1962.

Visits from administrators and teachers of Special Education have been particularly frequent. Many of the personnel of the New York City Board of Education's Bureau for Children with Retarded Mental Development have come to observe the program as have representatives from equivalent Bureaus in other parts of the state. Recent legislative developments in New York State may result in an expansion of compulsory schooling until age 21 for retardates similar to the Occupation Day Center population. The kinds of activities that have been found practical in this project may be applied in public education. Administrators who will assume this additional responsibility are seeking a preview of the problems they may face.

Residential facilities, both public and private, have also indicated an interest. Representatives from Letchworth Village, a New York State School, Dever State School in Massachusetts, Austin State School of Texas as well as such private residences as the Devereux School, have visited the program.

A few representative names of visitors is suggestive of those who have come to observe.

Dr. Gunnar Dybwad, National Association for Retarded Children
Dr. Osamu Kan, Japanese authority serving as consultant to the President's Panel on Mental Retardation, Washington, D. C.
Dr. Alesander Hulek, United Nations, officer in Charge of Rehabilitation, Bureau of Social Affairs (Assigned by the Polish Government)
Dr. Harry McNeill, National Institute of Mental Health, New York City
Dr. Isaac Wolfson, Letchworth Village, Thiells, New York
Dr. Martin McCavitt, United Cerebral Palsy Association, New York City
Dr. Ignacy Goldberg, Teachers College, Columbia University
Dr. Arthur Pense, New York State Department of Mental Hygiene
Dr. Harold Michael-Smith, Flower-Fifth Avenue Hospital, New York City
Dr. Marian Tannhauser, Supervisor of Special Education, Montgomery County, Maryland

In addition to their own observations, most visitors requested written materials that they could examine more carefully at their leisure and that could be shared with their organizations. Substantial numbers of similar requests arrived in the mail. To save the need for individual responses to detailed questioning it was found useful to prepare an Informational Kit. The following materials were mimeographed and combined in a folder:

Proposal for Project submitted to National Institute of Mental Health
Application Form and Parent's Questionnaire
Behavioral Check List
Family Adjustment Scale
Social Work Intake Form
Interim Progress Report
Copies of speeches to conventions and other reports prepared at the Occupation Day Center.

This bulky collection was intended primarily for those persons interested in developing similar programs in their respective communities. Single copies were also available from the State and National Associations for Retarded Children. Almost 500 copies of these kits have been distributed in the 3-year period.

For more general informational purposes, and for those who had less immediate need of a detailed description, an attractive illustrated brochure was prepared. An initial printing of 3000 copies was exhausted quickly and the Education of a 'Non-Educable' has had a circulation of close to 5000. Many of the copies were distributed at conventions of the following organizations:

American Association on Mental Deficiency
National Association for Retarded Children
National Council on Social Welfare
National Rehabilitation Association

This brochure was also sent to state and federal agency offices and to a number of university departments of special education. It often found its way to bulletin boards and requests for small bulk orders have been received from organizations for distribution to parent committees and local executive boards.

An indication of the interest it has aroused is evident from the following letter. There were many responses of this nature.

Public School No. 104
Borough of Brooklyn, N.Y.

Dear Sir:

I am a teacher of the trainable mentally retarded. There are some students in my class, who because of age, will be dismissed from my class in June. I am concerned about their future training.

I would appreciate any information that you can send me regarding your training center so that I can advise the parents of these children about a possible training program that may be available to them after their "graduation" from my class.

I was happy to read a pamphlet published about your Center. I believe it was called The Education of a Non-Educable. It would be greatly appreciated if you could send me a copy so that I can share this wonderful experience with my colleagues and the parents of my students.

Yours truly,

Teacher's signature

* * * * * * * * *

Some of the professional interest in the activities of the Occupation Day Center was inspired by reports delivered at conventions and meetings. Papers were read at the following meetings:

Council for Exceptional Children. 1960 Regional Meeting, Baltimore, Maryland.

American Association on Mental Deficiency, 1961 Annual Convention, Cincinatti, Ohio.

National Association for Retarded Children, Annual Convention 1961 and 1962.

Council for Exceptional Children, International Convention, 1961, New York City. Two members of staff served as panel discussants on programs for retarded adults.

State-wide Conference of Teachers of Trainable Children, Eighth Annual Conference, New York City, June 1961.

In addition to the papers read at the conventions two articles have been prepared for publication in professional journals and are currently in press. These are "Training Severely Retarded Adults for Greater Independence in Community Living" by Jack Tobias and Arnold Cortazzo, and "Work Characteristics of Retarded Adults at Trainable Levels" by Jack Tobias and Jack Gorelick.

Pending their appearance in print, mimeographed copies of these papers have been made available and are included with some of the Informational Kits.

The growing interest by the public in the social problems of the retarded is reflected by the number of visits from non-professional groups. The Greater New York Fund has been eager to send representative groups of donors to visit the Occupation Day Center as a worthy example of where their funds are distributed. They have arranged group visits for 107 people who were selected by committees in each of these New York industries: General Electric Company, Macy's, New York Telephone Company, Western Electric and Sears, Roebuck. The influence of the visit extends far beyond the number of people who are involved. In practically every instance photographs and a report of the visit were published in the company house-organ and reached many thousands of people.

A more intensive interest has been shown by smaller philanthropic organizations who have often presented needed items to the Occupation Day Center. Such groups as the Daughters of Israel, The Ladies Charity Guild of Manhattan, Giving Hands and a woman's committee of B'nai B'rith have arranged repeated visits to the Center and have sponsored special activities such as Christmas parties, camp vacations, purchase of a projector and movie camera, etc. A larger number of similar groups are requesting speakers and a film has been prepared by staff volunteers that has been shown at the monthly meetings of such groups.

Just after the close of the 3-year period, and while this report was being prepared, the Occupation Day Center was featured in a half-hour television report on mental retardation. The resulting program had its first showing in Philadelphia over Station WFIL and a nationwide distribution as well as over the Armed Forces network has been scheduled.

The relations with public and professional groups have been more extensive than was originally anticipated. In almost all cases, requests are initiated by outside groups and rarely result from solicitation by the Center. If the need for the program were measured by this factor alone it would be judged highly successful.

Chapter XV

SUMMARY OF RESULTS AND IMPLICATIONS FOR THE FUTURE

Since its formation in 1949 the Association for the Help of Retarded Children has been engaged in sponsoring, organizing and promoting community services for retarded children and adults who reside with their families. As an organization of parents and friends of retardates, the Association is particularly sensitive to the special needs of this handicapped group and is most acutely aware of deficiencies in existing services. Because it is a voluntary agency the Association has had the advantage of being able to pioneer in new areas without having to await legal sanction. The value of its efforts to retain retarded persons in the community has received increasing acceptance from both lay and professional groups. One statement in the Message from The President of the United States relative to Mental Illness and Mental Retardation delivered to the Congress on Feb. 5, 1963 reaffirms the validity of the basic tenet underlying all Association activities. "With... suitable care and training... a significant improvement in social ability and in personal adjustment and achievement can be achieved."

After administering a variety of schools, sheltered workshops, recreational programs and case-work with affected families for more than a decade, the Association recognized the growing need for a new type of facility.

Parents had been encouraged to retain their severely retarded children at home through the increase in school and other community services and were faced with a crisis when their children were discharged because of age limitations. Although sheltered workshops absorbed those young adults who could benefit from a work-oriented environment, there were many others who needed a program with a different emphasis. Since there were no community programs available for this category of retarded adult the Association proposed a project designed for their special needs. A tentative plan was developed and submitted to the National Institute of Mental Health early in 1959. The plan was approved and a three year demonstration and research grant was offered. These funds permitted the Occupation Day Center to initiate its program in September 1959.

A serviceable building providing approximately 6500 square feet of space was donated on a rent free basis and a sizeable number of candidates quickly submitted applications for admission. Referrals from the parent organization's own members were more than enough to fill all available places and other applications continued to increase as information about the program spread. During the first three years of operation 380 applications have been received for the 60 available places. There has been little diminution in the rate at which people are applying although it is now common knowledge that the possibility of admission is almost non-existent. An average of 75 new applications a year are being received of which approximately 60% are from eligible candidates. The current waiting period for admission is estimated at more than 5 years. The waiting period continues to increase since the applications far outnumber the terminations. The need for a service of this type can no longer be considered hypothetical. The reality of the need is reaffirmed daily by those who seek its help.

The pressure from its potential trainees acted to reduce the period normally required for starting a program. Within a few months a staff was hired, a screening procedure was developed, and a testing and admissions schedule was arranged. Methods for evaluating progress, systems for recording observations of trainees and parents, and techniques to be used in the training program were essentially established during the first year. Modifications of all these procedures became advisable after more extended experience and substantial revisions are still taking place. Some definite shortcomings are still apparent and plans for the future must include efforts to remedy areas of weak programming.

A total of 83 trainees were admitted during the three year period. The average age at the time of admission was slightly over 21 years. In accepting candidates for the Occupation Day Center, there were no lower limits based on intelligence test scores. The IQ's of the current population ranges from 15 to 52, with an average IQ of 33. Fourteen persons, accounting for 23% of the current population, have IQ's below 25.

About 80% of the trainees had attended public school classes for the "trainable retarded" during their childhood and had generally been discharged at their 17th birthday. Most of them had been in the New York City Board of Education's "Low IQ Classes." Ten trainees who had been denied admission by the public schools attended the parent sponsored classes operated for such children by the Association for the Help of Retarded Children.

The population at the Occupation Day Center comes from families which comprise a rough cross-section of the community. The largest number have fathers who are skilled or semi-skilled workers. Most families are intact with the father alive and living in the home. Ten of the 11 mothers who are working reported that they were able to accept full time employment because their son or daughter was enrolled at the Center.

Twelve trainees were transferred to sheltered workshops in the New York City area after varying periods of time at the Occupation Day Center. Since trainees admitted to the Center are presumed unready to meet the demands of a sheltered workshop, it can be assumed that the training helped to develop their readiness for a more mature program. This development demonstrates that the Occupation Day Center need not be a terminal facility. It is estimated by staff that about 25% of the present trainees may eventually be eligible for transfer to sheltered workshops.

It would be well at this point to summarize the extent to which the original objectives have been realized. The detailed account is contained in other sections of this Report and only some highlights will be reviewed.

Without examining the present situation of a comparable group who had been denied the services of the Occupation Day Center, it is impossible to make a definitive estimate of the value of the program in helping the retarded person to remain at home. However, the evidence available at this time is highly suggestive. Only one trainee out of a total of 83 has been sent to an institution. In this one instance the causes were not primarily poor adaptation to the Center but a rapidly disintegrating household burdened by multiple cases of mental illness. Institutionalization was required to provide physical care and supervision of this trainee. Other suggestive evidence is provided by the statistics on admissions to New York State Schools. Reports show a sharp rise in the rate of institutionalization for the age range from which the Occupation Day Center draws most of its trainees. This is frequently explained by the critical situation created for families by the termination of school services. This crisis seems to have been averted by the provision of a new type of service that is more appropriate for adults.

The statement of objectives included the goal of providing a "socially acceptable way for retarded adults to spend their days." It may be more germane to consider acceptability to parents and trainees. The reported figures on attendance and terminations indicate that the program is "acceptable." Only six trainees were voluntarily withdrawn from program during three years and, of this group, three have subsequently reapplied. The excellent daily attendance records of the trainees are also very suggestive of a degree of satisfaction with their activity. Absences occur only for serious and unavoidable reasons.

Objective figures are simpler to review than the many expressions of gratification made by the families. Examples of these statements are included in the Report.

The exact nature of the required skills that were to be dealt with in the training program needed careful determination. Some deficiencies became apparent only after lengthy observation at the Center and personal surveys of the parents. Many aspects of normal living are taken for granted and it was difficult to avoid the assumption that they also exist for retarded trainees. A program of training designed to mitigate the most common deficits was formulated. Although the phases of program overlap in practice they may be considered separately for the sake of description.

1. Travel Training. Intake interviews revealed that only 9 out of a total of 83 admissions were able to travel to the Center alone by public facilities. A chartered bus service was needed to transport the rest.

After extensive efforts to convince the parents of the safety and practicality of a travel training program a grudging acquiescence was eventually achieved. A system of tutoring, modified to meet each trainee's specific needs, resulted in a high degree of successful achievement. Sixty percent of the present population is now able to use some form of public transportation. Although there is a significant relationship between intelligence and the ability to travel independently, the level of intelligence that is required has been generally overestimated. The travel training program was almost completely effective with trainees in the IQ range above 35. It has proven feasible with many who are below this level. The data revealed the incidental fact that parents of mongoloid trainees were more restrictive in this activity than were the parents of other retardates.

2. Grooming and Self-Care. Efforts to modify poor appearance were directed at both the parents and the trainees. Staff offered specific suggestions to individual parents on items that could be most readily improved and found little resistance

to these concrete proposals. As a regular feature of daily program there were varied methods of arousing an awareness of "looking nice" among the trainees. Fashion shows, discussions and individual reminders raised good appearance to a matter of pride and this feeling was transmitted to the home. Parents tended to respond favorably to the newly awakened interest of the trainees.

There were other areas of self-care that required the development of neglected skills. The program's stress on certain activities resulted in a slow but consistent reduction in the extent to which the parents needed to provide assistance in dressing. More than half the trainees were reported as "better" after two years in the Occupation Day Center. Concentrated instruction in selected skills that most needed improvement showed generally favorable results. For instance, of the 23 male trainees who had depended on a parent for shaving, all but 8 were taught to use electric razors successfully. Of the 25 trainees who were unable to tie their shoelaces, 15 were taught to do so.

3. Orientation to the Community. A necessary aspect of improved independent functioning includes the development of a more adequate orientation to the community in which the trainees live. Special efforts were made to promote an ability to shop for food, to purchase supplies in various kinds of stores appropriate for different items, to eat in public restaurants and to move about more freely within a neighborhood. At this point in their training all but 10 of the trainees are able to eat in local restaurants without staff supervision. With only a few additional exceptions, this group is free to shop in nearby stores for items needed at the Center and is able to use a number of other community facilities. Repeated practice is provided so that these aspects of daily activity may be carried on without anxiety or discomfort. Services that exist in every locality in New York City, such as banks, libraries, post-offices, settlement houses and recreation centers are also used for field training and, to the extent that was possible, trainees are involved in a continuing use of these services.

4. Remunerative Work. The introduction of paid work as a feature of the Occupation Day Center program served a number of purposes and proved to be successful if it were kept within realistic limits. The trainees' self-concepts improved and they accepted monetary rewards as symbols of adult status. During periods of work there were noticeable advances in decorum and behavior. The parents' response to payment was even more enthusiastic than the trainees. They saw their children assume a new role, that of partial wage earner, and some showed a tendency to exaggerate the significance of the achievement. The awareness that the three and four dollar earnings were not gratuities but legitimate wage payments suggested capacities they had never suspected. Many parents considered the paid work program as one of the most significant achievements at the Center. It seemed to answer a frequent plea - "If you can only teach him to do something with his hands."

A controlled study of the productivity of severely retarded adults suggested that some form of work program can be successful at IQ levels above 20.

5. Academic Instruction. Formal educational procedures were introduced for the purpose of reducing difficulties in social adaptation. Frequently this instruction was made a part of other sections of training. It was restricted to narrow goals but these were dealt with rather intensively. Academic instruction was limited to sight recognition of a basic list of words necessary for simplifying orientation to the community; practice in signing names; identification of coins; telling time; and using a telephone.

Modest but significant progress was evidenced in an almost direct ratio to the amount of staff time concentrated on any single feature. Success with the basic word list was achieved with a group of trainees who demonstrated the capacity for any discrimination between words. The same amount of teaching resulted in almost total failure for another group who seemed unable to make such discriminations. If even a few words can be taught there is a favorable prognosis for extending the learning to the entire list.

An analagous characteristic seems to prevail with signatures. Whereas only 21 trainees could identify themselves in writing at the beginning of training, 35 out of a total of 60 could do so at the end of the year. It was much simpler to correct inaccuracies and to complete partial skills than to develop a legible signature from a base of no writing ability.

A common tendency to confuse coins was largely eliminated through formal practice sessions. From a group of 18 who were unable to identify any coins, only 4 showed no progress. Sixty percent of all the trainees can now correctly identify all the coins.

6. Domestic Skills. Providing the retarded adult with improved domestic skills was considered important because it would permit greater trainee participation and independence in the home. These skills could also be useful in the maintenance work at the Occupation Day Center. An extensive list of routine duties was developed to promote initial training and to provide continued practice. These duties included cleaning and maintenance, laundering, food preparation, washing and drying dishes, setting tables and serving. Although some improvements were noted by parents in all these varied functions, they were not uniformly distributed. Many trainees considered competent on the basis of staff observations were not being asked to use their skills in the home. About two-thirds of the parents felt that their child had improved in home usefulness since being admitted to the Center.

The ultimate extent to which such training can continue to achieve favorable results is difficult to determine. At best, the reported progress can be considered interim and is suggestive rather than final. Most trainees are making a better adaptation in the Center, in their homes and in the community than they were before admission.

There is a feeling of desperation in the parent's search for a community facility that will provide their retarded son or daughter with a daily activity and peer relationships. The detrimental effect on family relationships of an unoccupied retarded person is often made very clear in the application forms and the initial interviews. Only a small percentage of the parents' appeals are answered favorably.

Most of them are not "rejected" but placed on an indefinite waiting list. When a retarded person is admitted, his parents are extremely grateful for the sake of their son or daughter and for the resulting improvement in family welfare. There is generally a reduction of anxiety, a greater freedom to pursue other interests and often a new feeling of anticipation of continued progress.

The Profoundly Retarded

There is one group in the program, the profoundly retarded, for whom these statements must be largely modified. After a substantial period of observation it was recognized that a number of trainees shared certain common characteristics that warranted the formation of a new group. In all the general activities of the Center there were isolated persons who were unable to cope with elements of program that were suitable for the largest number. They could not participate in travel training, food preparation, academic classes or domestic chores. They were the least adept in self-care and grooming, could not manage by themselves in public places and needed considerably more supervision and attention than the average trainee. Most of them did not learn the skills required for paid work or participated on a token level. When these individuals were randomly assigned to existing groups they tended to become passive observers or exhibited negativistic reactions to the series of frustrating expectations.

The dearth of literature dealing with community provisions for the profoundly retarded reflects the sparsity of existing programs which are ready to accept them. There is an unspoken assumption that, at adult levels, most profoundly retarded persons will have found their way into residential institutions. It is also assumed that those few who remain in the community need primarily nursing or custodial care.

Since one-sixth of the present population of the Occupation Day Center is composed of this group and the same ratio seems to hold for the large waiting list, these assumptions are not true for New York City. It appears likely that they are equally invalid for other urban centers.

The combination of these individuals into a distinct unit under their own instructor had the favorable result of reducing pressure. Signs of tension and behavior problems became less frequent. The daily activity program for this group of profoundly retarded adults had to be conducted on an even more elementary level than for the rest and the general objectives needed a downward revision. As yet no satisfactory program or adequate rationale has been developed for the profoundly retarded who live in the community. The identification of these persons and their combination into a distinctive unit affords the possibility for more extensive planning. This remains to be done.

Professional Relations

Among the objectives outlined by the Occupation Day Center in its original request for support was the intention of developing procedures that could be used by other agencies in different communities. The wide interest in the program has been demonstrated by the large number of visitors who have come to observe its activities and the receipt of continued requests for printed materials and additional information.

A total of 471 persons made personal visits to the Center, almost half of them from places outside of New York City. The visitors came from 37 different states, 20 foreign countries, Puerto Rico and the District of Columbia.

The American visitors represented a large variety of institutions and agencies. Often, their concern with retardation was incidental to larger professional, welfare or philanthropic interests. Most of the visitors had a very direct interest in the problem of the retarded adult. Committees or individuals from 19 different state and local Associations for Retarded Children carefully observed the program at the Center.

Departments of Special Education in most of the local colleges and universities have scheduled visits and lectures at the Occupation Day Center and have invited trainees for classroom demonstrations of the program. Many of the personnel of the Board of Education's Bureau for Children with Retarded Mental Development have observed the program and have invited the Center staff to confer with them on potential expansions that are anticipated for severely retarded students in the 17 to 21 age range.

One thousand copies of the 3-year report of the Occupation Day Center, Training for Independent Living, have been ordered. Half of the edition is for distribution by the National Association for Retarded Children to persons outside of New York State. Five thousand copies of a brochure, The Education of a 'Non-Educable,'' have been received by professional personnel and parent groups.

Implications for Future Services

More time is needed to confirm the interim indications of the value of the program. More time is needed to improve existing shortcomings and to develop new features whose need became apparent only after an extended period of experimentation and observation. An extension of the Occupation Day Center program would serve to accomplish the following objectives:

1. It would continue operation of the Occupation Day Center for severely retarded adults as a necessary link in a chain of essential community services for the mentally retarded. Now that the demonstration aspects of the program have proven its feasibility it is essential to extend similar services to that large number of applicants who are being denied admission. The continued existence of the Occupation Day Center could serve as a model for the formation of analogous centers in other parts of the city. Community groups and local agencies are being approached for the financial support that will be required for such expansion.

A promising development in achieving local recognition of the need is the interest in the Occupation Day Center expressed by the N.Y.C. Community Mental Health Board. A contract arrangement for equivalent services in each borough of the City is being seriously considered by the Board and favorable action on this proposal is anticipated. Without the demonstration provided by the existing program there would appear to be little possibility of developing community support for expansion or eventual sponsorship.

Another event of far reaching significance is the progressive increase in educational facilities for the severely retarded child. Legislative mandates to provide school facilities for these children until age 21 are gradually being implemented. School administrators are aware that retarded young adults need a different curriculum than younger children and that their own experiences with this group has been very limited. The program adopted at the Occupation Day Center may not be immediately applicable to a school situation but is suggestive of the direction that schools may follow for severely retarded older students.

A precedent has already been established for the "educable" student in this age range. The Board of Education has, within the last two years, established an Occupational Training Center that adopted many of the principles and program ideas established in the Sheltered Workshop as well as the Occupation Day Center operated by the Association for the Help of Retarded Children.

2. An additional aspect of expansion of services seems worthy of investigation. Major cost factors incurred by the present project included the ancillary and administrative services required for initial screening, trainee evaluation and program planning. The per capita cost diminishes after the trainee's first few years of attendance during which the need for these services is markedly reduced. It is proposed that a new demonstration unit be added as an annex to the existing facility and be staffed only with instructors. This annex would be located in another borough and draw its trainees from the locality. Trainees residing in the borough who have made an adaptation to the Occupation Day Center would be transferred to the new facility. The remaining need for ancillary professional services for this group would be dealt with from the original Center. Vacancies would then be filled from the waiting list and the new applicants would receive the intensive processing required by new trainees. It is estimated that the per capita cost of maintaining trainees in a chain of annexes would be substantially reduced from its present level.

If one objective is to promote local support for the expansion of services, it would appear useful to determine potential costs as accurately as possible. The establishment of a low budget annex in one borough would not only provide services to an additional group but would serve as a prototype for the anticipated chain of Occupation Day Centers. The experiences of the Association for the Help of Retarded Children in operating schools in three different boroughs under centralized direction and centralized ancillary services is suggestive of the probable success of this procedure.

3. The history of the Occupation Day Center suggests that the project has been effective in reducing institutionalization. Extension of the life of the project will help to determine whether this type of service acts merely as a temporary deterrent or as a long range substitute for the institution.

4. A varying proportion of the trainees has succeeded in mastering the different goals considered desirable for promoting greater independence. The characteristically slow progress of the retardate creates a need for long range training programs to promote maximum growth. This is especially true for

adults who have developed ingrained habits and attitudes that may be more difficult to modify than that of children. Observations based on a three year period are inadequate in terms of a longitudinal study. Hypothetically the training period should be indeterminate but it is warranted to continue present procedures for an additional three year period to determine how many more trainees can reach and maintain the projected goals.

Equally significant is the need to determine the extent to which trainees are made ready for a sheltered workshop. One group of 12 has already made this transition successfully and a second group of 5 others is being prepared for the promotion.

Other trainees remaining in the Center have achieved essential mastery of the individual goals that had been set for them. More ambitious objectives than had been anticipated and the techniques to develop them need to be devised. For example, the travel training program concentrated on going to and from home to Center. When this skill has been achieved, as it has for the majority, new objectives in traveling are needed. The basic word list needs extension for those who have mastered it. Simple dishes are no longer challenging for the more advanced cooking group.

5. It has been established that there is a minimum intellectual and maturity level below which the present program is not the most suitable. A different program is needed that parallels the present one but is oriented towards the capacities of the profoundly retarded adult. The development of this program has barely been started and will require ingenuity and experimentation.

Since the parents of the profoundly retarded have the legal and moral right to determine whether or not to keep them at home, the project has the obligation of developing a service suited to their special needs.

6. The modest extension of the present type of service to include additional trainees will still leave a seemingly interminable waiting list. Based on the successful experiences with a small pilot group it is proposed that a part-time program for eligible applicants be developed.

The same general objectives as the Occupation Day Center's full program will be sponsored and a comparison can be made between the relative effectiveness of the different services.

7. One weakness in the present operation of the project is the lack of an adequate system of observation or measurement of its effects on the family. Some indications of a positive carry-over to the home are supplied by parents who volunteer this information. Other parents will, under questioning, admit their hesitancy in utilizing the trainee's new abilities in the home. Less tangible factors such as attitudinal changes, the effects on family integration and the greater mobility permitted the parents can only be inferred. Except for specified, formal meetings, contacts with parents tend to be sporadic and problem centered. The staff seeks the parent's influence when such action seems advisable,

although the reverse procedure is more common. It has become apparent that certain aspects of development are impossible to achieve without active parental participation. The Occupation Day Center staff should develop more intimate contacts with all families, even in the absence of special problems.

8. The screening procedures and the establishment of a waiting list had an incidental result. It identified a large number of retarded adults who are at essentially equivalent levels of intellectual and social development as the present population of trainees. They differ from the enrolled group only in that they have been denied admission because of lack of space and staff. For the period of time that trainees have been attending the Occupation Day Center, the exempted group has remained without this service. An analysis of their development under home care, with little or no organized service, may serve to clarify the value of the Occupation Day Center. Without a study of a comparison group much of the present data must be considered suggestive and hypothetical.

Since identification and initial intake material has been completed on the comparison group only a follow-up study of their present situation is needed.

9. The large number of visitors who have observed the program and the interest of others in receiving descriptive materials suggests a wide interest in this type of service. There are indications that it has already had an impact and is influencing programs in other areas. The experiences at the Occupation Day Center should be more widely shared with other interested agencies and community groups.

It is proposed that a detailed manual of operations with specific guides for program and outlines for the development of skills be prepared for distribution. This would include such features as a word recognition schedule and lists of needed skills in domestic activities and self-care. The wide interest in all printed materials emanating from the Occupation Day Center suggests that the Manual will have a large circulation among interested individuals and professional groups.

10. The number of professional disciplines involved in the program have been restricted to those available on staff. It has been suggested that additional services might be beneficial. An expanded Occupation Day Center program could investigate the utility of consultants in speech development, physical medicine and occupational therapy.

11. Another limitation imposed by space restrictions was the impossibility of investigating the feasibility of reversing institutionalization. It is known that some parents who have resorted to State Schools did do because of the absence of alternative facilities. There have been occasional inquiries from parents who wanted to know if the Occupation Day Center would accept their child were they to withdraw him from the State School. Such requests have been denied unless the retardate's place on the waiting list had been reached. If an expanded

number of places could be made available these could be offered to retardates whose parents were ready to accept a community alternative for the institution.

It is for these purposes, in addition to the original objectives, that an extension of the Occupation Day Center is being urged.